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RULES—Cite material in the *Missouri Register* by volume and page number, for example, Vol. 28, *Missouri Register*, page 27. The approved short form of citation is 28 MoReg 27.

The rules are codified in the *Code of State Regulations* in this system—

Title	Code of State Regulations	Division	Chapter	Rule
1	CSR	10-	1.	010
Department		Agency, Division	General area regulated	Specific area regulated

They are properly cited by using the full citation , i.e., 1 CSR 10-1.010.

Each department of state government is assigned a title. Each agency or division in the department is assigned a division number. The agency then groups its rules into general subject matter areas called chapters and specific areas called rules. Within a rule, the first breakdown is called a section and is designated as (1). Subsection is (A) with further breakdown into paragraph 1., subparagraph A., part (I), subpart (a), item I. and subitem a.

RSMo—The most recent version of the statute containing the section number and the date.

Rules appearing under this heading are filed under the authority granted by section 536.025, RSMo 2000. An emergency rule may be adopted by an agency if the agency finds that an immediate danger to the public health, safety or welfare, or a compelling governmental interest requires emergency action; follows procedures best calculated to assure fairness to all interested persons and parties under the circumstances; follows procedures which comply with the protections extended by the *Missouri* and the *United States Constitutions*; limits the scope of such rule to the circumstances creating an emergency and requiring emergency procedure, and at the time of or prior to the adoption of such rule files with the secretary of state the text of the rule together with the specific facts, reasons and findings which support its conclusion that there is an immediate danger to the public health, safety or welfare which can be met only through the adoption of such rule and its reasons for concluding that the procedure employed is fair to all interested persons and parties under the circumstances.

Rules filed as emergency rules may be effective not less than ten (10) days after filing or at such later date as may be specified in the rule and may be terminated at any time by the state agency by filing an order with the secretary of state fixing the date of such termination, which order shall be published by the secretary of state in the *Missouri Register* as soon as practicable.

All emergency rules must state the period during which they are in effect, and in no case can they be in effect more than one hundred eighty (180) calendar days or (thirty) 30 legislative days, whichever period is longer. Emergency rules are not renewable, although an agency may at any time adopt an identical rule under the normal rulemaking procedures.

Title 13—DEPARTMENT OF SOCIAL SERVICES Division 35—Children's Division Chapter 80—Payment of Residential Facilities

EMERGENCY RULE

13 CSR 35-80.010 Residential Foster Care Maintenance Methodology

PURPOSE: *This rule establishes a methodology for determination of the costs associated with the provision of foster care maintenance based on the statutory criteria contained in 42 U.S.C. 672/675(4)(A) and related rates for residential care agencies.*

EMERGENCY STATEMENT: *The division has determined that an emergency rule is necessary to establish a methodology for foster care maintenance payments to residential facilities. The United States District Court for the Western District (Central Division) has declared that the current methodology for determining foster care maintenance payments is not based on the statutory criteria in 42 U.S.C. 672/675(4)(A) and therefore in violation of federal law. The division has been enjoined from using the current methodology. The division finds that an immediate danger to the health, safety and welfare to the citizens of Missouri exists inasmuch as this action is necessary in order to obtain necessary cost data for determination of foster care maintenance payments and to ensure federal funding for the affected providers. The division finds that this emergency rule is necessary to preserve a compelling governmental interest in maintaining*

continued federal funding for the treatment of children. A proposed rule, which covers the same material, is published in this issue of the Missouri Register. The scope of this emergency rule is limited to circumstances creating the emergency and complies with the protections extended in the Missouri and United States Constitutions. The division believes this emergency rule is fair to all interested persons and parties under the circumstances. This emergency rule was filed on January 16, 2004, effective January 26, 2004, and expires July 23, 2004.

(1) Objectives. This rule establishes a methodology for determination of the costs associated with the provision of foster care maintenance based on the statutory criteria contained in 42 U.S.C. 672/675(4)(A) and related rates for residential care agencies.

(2) General Principles.

(A) Four (4) child-specific foster care maintenance rates shall be determined in accordance with section (3) Residential Foster Care Maintenance Rate Methodology.

(B) Residential child caring agencies will be required to complete a cost report detailing their most recent fiscal year's operating costs. Providers must also submit audited financial statements with their report for verification purposes.

(C) Foster care maintenance costs shall be obtained from residential care providers using the standard cost report completed in accordance with applicable instructions.

1. In order to be considered "Foster Care Maintenance," agency costs shall first meet the general definition as ascribed within federal regulation, accompanying clarification or audit finding and be allowable as defined within OMB Circular A-122, OMB Circular A-87, and the *Child Welfare Policy Manual*.

2. Reported agency costs shall be reasonable in nature as defined with OMB Circular A-122 and OMB Circular A-87.

3. Cost must be appropriately allocated to all benefiting programs or services offered by an agency.

4. The calculation of the foster care maintenance rate must consider any applicable credits or payments received either directly from federal or state funding sources or indirectly via contracted services or reimbursement.

(D) Statewide foster care maintenance costs shall be rebased every three (3) years.

(E) The Department of Social Services (DSS) will submit budget items for the General Assembly's consideration to revise rates in accordance with the results of the rate setting methodology. Rates will be adjusted in accordance with the Truly Agreed and Finally Passed appropriation by the General Assembly subject to veto by the Governor.

(3) Residential Foster Care Maintenance Rate Methodology. The foster care maintenance rate will contain two (2) separate components. A statewide average room and board component and a child-specific daily supervision component.

(A) Room and Board Component.

1. Because the general cost of providing room and board will not vary based on a child's identified level of care or other programmatic considerations, a core, statewide, board rate will be calculated based on the average cost of all agencies providing such services.

2. The room and board component will be calculated by dividing the total net applicable room and board related costs for all agencies by the statewide total days of residential child caring services provided.

(B) Daily Supervision Component.

1. The daily supervision component will vary based upon required staffing ratios as defined within the *Missouri Code of State Regulations* "Rules of Department of Social Services, Division 40—Division of Family Services, Chapter 71—Licensing Rules for

Residential Care Agencies.” This document establishes basic expectations for staff/child ratios within residential care agencies as identified within Exhibit 1, *Residential Child Care Agency Staff/Child Ratios*.

Exhibit 1

Category	Age	Child Awake	Child Asleep
Basic Core Requirements	Birth – 6	1:4	1:6 (staff awake)
	6 – 8	1:6	
	8 – 21	1:10	
	7 – 21		1:12 (staff asleep)
	7 – 21		1:20 (staff awake)
Infant/Toddler /Preschool	Birth – 6	1:4	1:6 (staff awake)
Residential Treatment (DFS Levels II & III)	6	1:4	1:6 (staff awake)
	7	1:6	1:6 (staff awake)
	8 – 21	1:8	1:16 (staff awake)
Intensive Residential Care (DFS Level IV)	6	1:4	1:6 (staff awake)
	7–21	1:6	1:6 (staff awake)

2. Agencies will report days by type of service provided. To determine the child-specific daily supervision portion of the rate, agencies will be classified into one (1) of four (4) categories based upon the average level of supervision required by children in their care. This classification will allow for adequate differentiation of cost incurred in the provision of daily supervision across each category and permit calculation of the related rate component. After categorization of agencies into each of the defined categories, the daily supervision rate will be calculated by dividing the total net applicable supervision costs for all agencies within a category by the total days of child caring services provided by those agencies.

A. Days of service provided under the basic core requirements regardless of payor source. Examples of services under this category reimbursed by DSS include the following categories:

- (I) Emergency shelter;
- (II) Emergency crisis intervention;
- (III) Maternity care; and
- (IV) Maternity care with infant.

B. Days of service provided under the infant/toddler/preschool requirements regardless of payor source. Examples of services under this category reimbursed by DSS include the following contract categories:

- (I) Infant care; and
- (II) Toddler care.

C. Days of service provided under residential treatment requirements regardless of payor source. Examples of services under this category reimbursed by DSS include the following contract categories:

- (I) Moderate need (Level II);
- (II) Severe need (Level III); and
- (III) Family focused residential services.

D. Days of services provided under intensive residential care requirements regardless of payor source. Examples of services under this category reimbursed by DSS include the following contract categories:

- (I) Intensive need (Level IV).

(4) Inflation/Trend Factor Adjustments.

(A) For the purpose of establishing base year costs, the room and board component will be adjusted based on the change in the USDA Expenditures on Children by Families. For State Fiscal Year 2004, this amount would be two and seventy-five hundredths percent

(2.75%). The child-specific daily supervision component will be adjusted by the percentage COLA (cost of living adjustment) provided to state employees. For State Fiscal Year 2004, this amount would be one and thirty-five hundredths percent (1.35%).

(B) For the purpose of interim inflation/trend factor adjustments until rates are rebased, the department will submit budget items for the General Assembly's consideration to revise rates in accordance with the results of the rate setting methodology. Rates will be adjusted in accordance with the Truly Agreed and Finally Passed appropriation by the General Assembly subject to veto by the Governor.

AUTHORITY: section 207.020, RSMo 2000. Emergency rule filed Jan. 16, 2004, effective Jan. 26, 2004, expires July 23, 2004. A proposed rule covering this same material is published in this issue of the Missouri Register.

Title 13—DEPARTMENT OF SOCIAL SERVICES **Division 35—Children's Division** **Chapter 80—Payment of Residential Facilities**

EMERGENCY RULE

13 CSR 35-80.020 Residential Care Agency Cost Reporting System

PURPOSE: This rule establishes a uniform cost reporting system to be used in reporting actual cost incurred in the operation of residential care agencies. The uniform cost reporting system provides the data necessary for the determination of the costs and rates associated with the provision of foster care maintenance.

EMERGENCY STATEMENT: The division has determined that an emergency rule is necessary to establish a methodology for foster care maintenance payments to residential facilities. The United States District Court for the Western District (Central Division) has declared that the current methodology for determining foster care maintenance payments is not based on the statutory criteria in 42 U.S.C. 672/675(4)(A) and therefore in violation of federal law. The division has been enjoined from using the current methodology. The division finds that an immediate danger to the health, safety and welfare to the citizens of Missouri exists inasmuch as this action is necessary in order to obtain necessary cost data for determination of foster care maintenance payments and to ensure federal funding for the affected providers. The division finds that this emergency rule is necessary to preserve a compelling governmental interest in maintaining continued federal funding for the treatment of children. A proposed rule, which covers the same material, is published in this issue of the Missouri Register. The scope of this emergency rule is limited to circumstances creating the emergency and complies with the protections extended in the Missouri and United States Constitutions. The division believes this emergency rule is fair to all interested persons and parties under the circumstances. This emergency rule was filed on January 16, 2004, effective January 26, 2004, and expires July 23, 2004.

(1) Objectives. This rule establishes a uniform cost reporting system to be used in reporting actual cost incurred in the operation of residential care agencies. The Residential Care Agency Cost Report included is one part of the two-part process set forth by the State of Missouri Department of Social Services in fulfilling the requirements for identifying foster care maintenance related expenditures within residential care agencies. The other part of the process involves participation in either a time study or random moment sample to determine the portion of time direct care staff spend performing foster care maintenance related activities.

(2) General Cost Reporting Principles. Residential Care Agency Cost Report line specific reporting instructions contained in Appendix A are included herein. The cost report must include all costs incurred

by the residential care agency. Costs included in the report can be grouped/categorized in several different ways and are subject to certain guidelines or requirements:

(A) Costs directly attributable to a function or activity may be charged in their entirety to that function or activity. Example: A staff person working in a single function or activity may have one hundred percent (100%) of their time charged to that function or activity.

(B) Costs not attributable to a single function or activity must be distributed based on an appropriate allocation methodology. Example: A staff person who spends a portion of their time working for several different functions or activities should have their related cost allocated across each program by some substantially documented methodology.

(C) Some staff will have their associated cost allocated through the application of activity-based Time Study or Random Moment Sample (RMS) results: All agency staff responsible for the provision of direct daily supervision of children on a regular basis will be included in the activity based allocation time study process. Those staff that should NOT participate in the time study include:

1. Agency administration. It should be noted that, in some agencies, an agency administrator might perform a significant amount of direct care of residents. In these instances, the individual should participate in the time study process.

2. Staff involved in the provision of a single function such as the provision of counseling or therapy; medical service; food preparation; cleaning; or facility maintenance.

(D) Costs are either considered allowable or unallowable, based on federal definitions and guidelines, for inclusion in the calculation of the residential foster care maintenance rate.

(E) Costs must be net of applicable credits when determining the portion attributable to the residential foster care maintenance rate. Any credits to reported costs will be applied as a function of the rate calculation process. Examples of applicable credits may include, but are not limited to:

1. IV-E Training payments;

2. USDA reimbursements;

3. Payments from school districts or the Department of Elementary and Secondary Education for the provision of educational services;

4. Reimbursements from the Department of Social Services (DSS), the Department of Mental Health (DMH) or other third party payors that offset reported costs such as, including, but not limited to:

- A. Reimbursements for the development of the initial treatment plan, quarterly updates to the initial treatment plan and other treatment planning services reimbursed by others;

- B. Reimbursements for day treatment; and

- C. Reimbursements for counseling or other therapeutic services;

5. Reimbursements for medical and behavioral health services covered by the State's Medicaid State Plan (either directly or indirectly through MC+ Plans) including, but not limited to:

- A. Physician's services;

- B. Pharmacy-related services;

- C. Psychology and counseling services; and

- D. Targeted case management;

6. Other reimbursement from Medicaid or the MC+ plans for the provision of other medically necessary services;

7. Reimbursements for medical and behavioral health services covered by other third party payors.

(3) Explanation of Common Terms. To facilitate the completion of the cost report, cost-related terms used throughout the instructions are defined, and a brief explanation of their application is given.

(A) Reported Costs. For a cost to be included on the cost report it must meet the following general criteria:

1. Be reasonable for the performance of the activities of the agency;

2. Be accorded consistent treatment; and

3. Be adequately documented.

(B) Reasonable. A cost is reasonable if, in its nature or amount, it does not exceed that which would be incurred by a prudent person under the circumstances prevailing at the time the decision was made to incur the costs. Reasonable costs are further defined in OMB Circular OMB A-87.

(C) Allowable. Allowable costs are those costs that are generally considered eligible for federal reimbursement based on the cost principles established in federal transmittals such as OMB Circular A-87 or A-122. Appendix A gives a list of items that are generally considered to be allowable. This is not an all-inclusive list and other costs not listed may be allowable. Although a cost may be considered ineligible for inclusion in the foster care maintenance rate based upon federal rules, regulations, or guidelines. (See "Eligible Cost")

(D) Unallowable. A cost is unallowable for reimbursement under, or claim to, any federal program based on established cost principles. Appendix A includes a list of items considered to be unallowable. All costs should be included on the cost report. Costs that are not allowable based on the federal guidelines should be placed in the "Unallowable" column on the cost report.

(E) Administrative Cost. Refers to those costs related to general operation and management of an agency or to those costs incurred in the support of multiple agency functions or programs. Examples of administrative costs include, but are not limited to:

1. Executive direction and supervision;

2. Bookkeeping and fiscal management;

3. Secretarial and clerical support;

4. Physical plant management;

5. Staff training (unless clearly related to a primary activity area); and

6. Related occupancy costs.

(F) Allocation Methodology. Documentation and/or description of the procedures/methods used to distribute costs to programs and to the direct service categories on the cost report. In general, costs should be allocated across the cost report's direct service categories/activities if there is a clear delineation and documentation for the allocation. Documentation must be maintained recording the methodology and detailing the specific calculation used to distribute costs. The use of estimates not based on a statistically sound methodology is unacceptable.

(G) Applicable Credits. The term applicable credits refers to those receipts, or reduction of expenditures which operate to offset or reduce expense items that are allocable to awards as direct or indirect costs. Typical examples of such transactions are: purchase discounts, rebates or allowances, recoveries or indemnities on losses, insurance refunds, and adjustments of overpayments or erroneous charges. To the extent that such credits accruing or received by the organization relate to allowable cost, they shall be credited to the federal government either as a cost reduction or cash refund, as appropriate. In some instances, the amounts received from the federal government to finance organizational activities or service operations should be treated as applicable credits. Specifically, the concept of netting such credit items against related expenditures should be applied by the organization in determining the rates or amounts to be charged to federal awards for services rendered whenever the facilities or other resources used in providing such services have been financed directly, in whole or in part, by federal funds. For rules covering program income (i.e., gross income earned from federally-supported activities) see Sec. 24 of Office of Management and Budget (OMB) Circular A-110, "Uniform Administrative Requirements for Grants and Agreements with Institutions of Higher Education, Hospitals, and Other Non-Profit Organizations."

(H) Random Moment Sample (RMS)/Time Study. A time study or RMS is a statistically based process to gather information from direct service child care staff members on how they spend their time. The information collected will be used for distributing the cost of direct staff among various activities. The results of this study are used to

determine the portion of the direct service providers cost related to foster care maintenance.

(I) Eligible Cost. For the purpose of determining the residential foster care maintenance rate, only those costs incurred in the provision of the following items/activities will be considered. The federal Department of Health and Human Services, Administration for Children and Families has published guidance in this regard in the *Child Welfare Policy Manual* Section 8.3.B.1. In general, this includes the cost of, and the cost of providing, the following:

1. Food;
2. Clothing;
3. Shelter;
4. Daily supervision;
5. School supplies;
6. Personal incidentals;
7. Liability insurance with respect to the child care;
8. Reasonable travel for the child for visitation as defined within the *Child Welfare Policy Manual*; and
9. Related administrative costs.

(4) Entities Covered by the Cost Report. The Missouri Residential Care Agency Cost Report is to be used in reporting actual costs incurred in the operation of residential care licensed under the Department of Social Services, Division 40—Children's Division of Family Services, Chapter 71—Licensing Rules for Residential Care Agencies. Each cost report establishes the portion of that agency's cost attributable to the provision of foster care maintenance. Information from all reporting agencies will be used, in aggregate, to establish foster care maintenance rates for each of the following four (4) categories based upon Missouri Licensing Rules for Residential Care Agencies:

- (A) Basic Core Requirements;
- (B) Infant/Toddler/Preschool;
- (C) Residential Treatment (DFS Levels II and III); and
- (D) Intensive Residential Care (DFS Level IV).

(5) Reporting Period and Filing Requirements.

(A) The cost report must reflect actual audited costs incurred in the provision of residential child care and related services by an agency for the most recent fiscal year.

(B) An initial cost report for the twelve (12) months which ended December 31, 2003 must be submitted by March 31, 2004.

(C) An annual cost report for fiscal years ending after December 31, 2003 must be submitted within ninety (90) days of the close of the fiscal year.

(D) Audited financial statements must be submitted with cost reports.

(6) Record Retention. Records used in support of costs reported on the cost report must be retained for a minimum of three (3) years from the end of the rate year for which the report is applicable. Records include, but are not limited to, financial, programmatic, statistical, recipient records, and supporting documentation. If any litigation, administrative review, claim, negotiation, audit, or other action involving the records has been started before the expiration of the three (3)-year period, the records shall be retained until completion of the action and resolution of all issues which arise from it, or until the end of the regular three (3)-year period, whichever is later. As part of the residential foster care maintenance rate calculation process, the state and/or its contracted representative may conduct reviews of the financial and programmatic information used as the basis for completion of an agency's cost report. After completion of any such review, a written report will be completed addressing whether reported costs are adequately supported, allocated appropriately, and reasonable in nature. Documentation created while completing the cost report should be maintained recording the compilation of costs included in the report, and any methodologies or calculations used in the allocation of costs.

APPENDIX A—MISSOURI RESIDENTIAL CARE AGENCY COST REPORT INSTRUCTIONS

GENERAL GUIDELINES FOR COMPLETING THE REPORT

An agency should take special care to be accurate and consistent when classifying and reporting operational costs.

An agency that operates more than one type of program (residential childcare, day treatment, adult services, etc.) should have, and retain on file at the agency, a cost allocation methodology that fairly and equitably distributes the costs to each of the various programs.

Note that throughout the cost report, Columns 3 through 9 require that costs be distributed (allocated) to specific direct service categories. Administrative costs are always reported in Column 2. The use of Column 2, Administrative Portion, is discouraged for the reporting of any cost that can be more properly allocated to the direct service categories in Columns 3 through 9.

Terms such as “other”, “miscellaneous”, “various”, etc., should not be used when completing the cost report. Reviewers must be able to discern that costs are properly allocated to the appropriate cost category.

For use in completing the cost report, the following federal cost principles publications may be used as a guide:

- (1) “Cost Principles for State and Local Governments,” OMB Circular A-87 and ASMB C-10, the A-87 Implementation Guide (lists forty-two separate allowable costs).
- (2) “A Guide for Nonprofit Organizations,” OMB Circular A-122 (lists fifty-six selected items of costs and principles to be applied in determining whether a cost is allowable).

Please refer to these circulars for more detailed guidance in determining whether or not costs incurred by your facility/agency are allowable.

In addition, the Federal Administration for Children and Families, Children’s Bureau, and other federal offices issue transmittals, clarification letters, Office of Inspector General findings, and directions specifying and clarifying Foster Care Maintenance related costs and allocation methods that may be applicable to this report. The *Code of Federal Regulations*, as well as copies of the above-mentioned publications may be obtained from any federal government bookstore or web site.

NOTE: The following guidelines have been developed to assist in the preparation of the Residential Child Care Cost Report and do not supercede federal publications.

DIRECT SERVICE COLUMN HEADING (ACTIVITY) DEFINITIONS

The cost report is broken down into ten columns that correspond to typical activities or services performed by child caring facilities. Columns 1 and 2, Total and Administrative appear in each section of the cost report. The remaining columns, which are categorized as “direct service activities”, do not appear in each section.

The following definitions explain the use of the 9 columns utilized throughout the cost report.

Total Costs (Salary) for this Report—Column 1

The total cost of an item, salary, or service for the reporting period should be entered in this column. Any cost entered in Column 1 will be reported to one or more direct service activity columns (2 through 9).

Administrative Portion of Total Costs (Salary)—Column 2

Costs that are necessary administrative and managerial functions of the residential program. For salaries, this would include the cost of such positions as an executive director, secretary, bookkeeper, physical plant manager, and staff training (unless clearly identified with one of the other primary activity areas). In the event that an administrative staff person spends a portion of their time working directly with children, their time should be included in the service category that is the best application of their duties. For instance, if the majority of their activities can be described as administrative in nature, their salary should be allocated to the “Administrative” area. If the majority of their time is spent working directly with children, or supervising direct child care staff, their salary should be allocated to the “Time Study” area. Examples of other types of costs that may be appropriately reported in this section are: general office expenses, payroll preparation, and other accounting/budgeting functions.

Room and Board—Column 3

This area will be used to report costs incurred in the provision of food, clothing, shelter, school supplies, and personal incidentals, for children in the child care program.

- Food – Actual food costs, kitchen and dining room operational costs including fuel and utilities directly related to the provision of food services, personnel, equipment and supplies associated with planning meals, ordering, preparing and serving food, cleanup work, and the cost of planned meals away from the institution.
- Clothing – Children’s personal wardrobe, including initial and replacement clothing. Expenses incurred in the upkeep of children’s clothing, including staff and supplies on grounds, and for services provided off grounds, such as washing, drying, mending, dry cleaning, alterations, etc.
- Shelter – Living space used by children, including rent or building use allowance, directly related to the provision of room and board.

P Furniture and upkeep for items related directly to the provision of shelter of children, e.g. living room, dining room, and bedroom equipment and furniture and furnishings, such as draperies, blinds, rugs, bedding, linens, etc. (but excluding equipment used for the provision of medical care.)

P Fuel and utilities directly related to the provision of shelter of children, e.g. heat, air conditioning, electricity, telephone, etc., if these item costs are not charged as part of rent.

P Routine maintenance and upkeep of property and equipment directly related to the provision of shelter of children. This includes staff and supplies for janitorial services, maintenance, and minor repairs to grounds and equipment.

- School supplies – Includes activity fees, class dues, paper, pens, books, calculator and other miscellaneous costs.
- Personal incidentals – Includes but is not limited to medicine chest supplies, personal hygiene items, such as comb, brush, toothbrush, soap, shampoo/conditioner, hair dryer, deodorant, sanitary needs, haircuts and other sundries and incidentals.
- Liability Insurance – with respect to the child. Other types of insurance may be allowable as an administrative cost.
- Transportation – Transportation for visitation within the definition provided in the *Child Welfare Policy Manual*.

Time Study—Column 4

In general, this column should be used to report 100% of personnel costs related to the following staff functions: All agency staff responsible for the provision of direct daily supervision of children on a regular basis.

Those staff whose related cost should not be included in this section include:

- Agency administration

- P It should be noted that, in some agencies, an agency administrator might perform a significant amount of direct care of residents. In these instances, the individual should participate in the time study process.
- Staff involved in the provision of a single function such as the provision of:
 - P counseling or therapy;
 - P medical service;
 - P food preparation;
 - P cleaning; or
 - P facility maintenance.

Should you have questions about the allocation of a particular staff person's cost, you may contact MAXIMUS.

Child Supervision—Column 5

This area will be used to report those costs incurred in the provision of activities that are necessary in the routine day-to-day direction and supervision of children as follows: (Please refer to the *Child Welfare Policy Manual* for guidance related to this activity.)

- **Daily Supervision**—In an institution, daily supervision is a **limited** function and includes routine day-to-day direction and supervision, it does not include social services, medical services, or educational services.
- **Social Services**—Examples of **UNALLOWABLE** “social services” may include but not be limited to:
 - P Counseling and therapy to help with the child's adjustment at the institution;
 - P Counseling and therapy to help a child resolve the problem(s) for which he or she was placed;
 - P Counseling and therapy with the child and his or her biological family to resolve the difficulties that led to the need for placement;
 - P Counseling and therapy for the return of the child to the community; and
 - P Psychological or educational testing, evaluation and assessment.

Crisis Intervention, Counseling, Therapy and Other Health-Related Services Not Covered as a Separate State Plan Service Under the State's Medicaid State Plan either Directly or Through the State's MC+ Program—Column 6

This category is used to identify the costs of providing crisis intervention, treatment and/or counseling or other therapeutic or treatment-related services to or on behalf of a child or group therapy sessions with a number of children and/or the family. The purpose of such activity would be to ameliorate or remedy personal problems or behaviors. Examples include:

- Intervention provided in order to relieve, or to offer remediation from, behavioral problems or issues.
 - Counseling and therapy to help a child's adjustment to the facility.
- Counseling and therapy to help a child resolve the problem(s) for which they were placed.
- Counseling or therapy with the child and his or her biological family to resolve the difficulties that led to the need for placement.
- Counseling or therapy for the return of the child home or to the community.
- Coordination and oversight of issues related to the provision of crisis intervention for the child.
- Referral and follow-up to such services, and arranging for participation in related conferences.
- Development and implementation of treatment plans and modifications to said plan.
- Provision of transportation to such services by agency staff.
- Arranging for health services.
- Providing transportation to health or medical services.
- Acting as a liaison with medical providers.
- Assisting in implementing medical/health regimen.

Medical/Psychological Treatment—Column 7

Medical treatment refers to the costs involved in the administration of medical procedures that require individuals carrying out the procedures to be licensed under State law as medical professionals and/or eligible to provide services covered as a separate state plan service under the State's Medicaid State Plan.

These would also include but not be limited to psychology/counseling services, testing, assessment, diagnosis and evaluation and treatment of a child's health or behavioral health conditions, EPSDT (HCY) services, and/or targeted case management.

Education—Column 8

This area includes activities that involve the provision of educational services, educational testing or assessment.

Unallowable—Column 9

This column is used for salaries (or portions of salaries) and other costs that are related to activities that are considered "unallowable" such as fund raising, research or development (except when related to the residential care program) and lobbying.

INSTRUCTIONS FOR COMPLETING THE COST REPORT

Agencies will complete a single report detailing all costs incurred in the operation of their residential child caring program and related services.

Cost Report Cover Page

The first page of the cost report identifies the operating agency submitting the report, the type of facility (or facilities) or program included in the report, and identifying information for each site. Space is also provided to identify the person completing the report and for the certification of accuracy of the information contained in the report by the authorized representative of the operating agency.

Section A. Identifying Information for Operating Agency

1. **Operating Agency Name:** Enter the name of the agency responsible for administering the facility represented in this cost report using the same agency (Licensee) title identified on the license.
2. **Mailing Address:** Enter the complete business address of the administrative office of the operating agency.
3. **City, State, and Zip Code:** Enter complete information in this box.
4. **Federal Tax ID Number:** Enter the operating agency's federal tax identification number.
5. **Telephone Number:** Enter the main telephone number of the operating agency.

Section B. DSS Payment Information

For each of the areas, 1 through 12, enter the days of service (Census Days) provided by contracted level of care and the associated payment (accrual basis) from DSS. In area 13, please enter the payment or reimbursement received for costs considered room, board, or supervision (as defined herein) such as, but not limited to:

- above Level IV Payments;
- clothing; and
- incidentals.

Section C. Identifying Information for Facilities

For each facility included in this report, complete the following information. If additional space is needed for facilities covered by this report, photocopy page 1, enter the necessary information in Section C, and attach to completed report.

1. **Facility/Program Name:** Enter the name of an individual facility, unit (cottage), or program in this box.
2. **Street Address:** Enter the complete business address of the facility.
3. **City, State, and Zip Code:** Enter complete information in this box.
4. **Telephone Number:** Enter the main telephone number of the facility.
5. **Licensed Capacity:** Enter the total number of beds.
6. **Days of Operation:** Enter the number of days during the reporting period that the facility provided services to eligible children.
7. **Occupancy Percent:** Identify the facility's occupancy percent for the period reported.
- 8.-12. **Census Days by Required Staffing Level:** Indicate the number of days of care provided by this facility by categorizing contracted levels of care into the following categories defined by Missouri Residential Care Licensing Rules. The following guidelines should be used when classifying and reporting this information:
 - Days of Service under the Basic Core Requirements regardless of payor source. Examples of services under this category reimbursed by DSS include the following contract categories:
 - P Emergency Shelter;
 - P Residential Treatment Emergency Crisis Intervention;
 - P Maternity Care; and
 - P Maternity Care with Infant.
 - Days of Service under the Infant/Toddler/Preschool Requirements regardless of payor source. Examples of services under this category reimbursed by DSS include the following contract categories.
 - P Infant/Toddler Care.
 - Days of Service under the Residential Treatment Requirements regardless of payor source. Examples of services under this category reimbursed by DSS include the following contract categories.
 - P Moderate Need (Level II);
 - P Residential Treatment Moderate Need (Level II);
 - P Severe Need (Level III); and
 - P Residential Treatment Severe Need (Level III).
 - P Family Focused Residential services.
 - Days of Service under the Intensive Residential Care Requirements regardless of payor source. Examples of services under this category reimbursed by DSS include the following contract categories.
 - P Intensive Need (Level IV); and
 - P Residential Treatment Intensive Need (Level IV).

In area 13, please enter the number of additional days of residential service provided other than those provided under the License Requirements identified above.

Section D. Total Census Days

Enter the sum of all Census Days provided by the agency.

Section E. Certification of Accuracy

1. **Name of Person Completing This Form:** Please print or type the name of the person completing the cost report who will be available to answer questions or provide clarification regarding any information contained in the report. The names listed in items 1 and 3 in Section E may be the same person or different people, as designated by the operating agency.
2. **Telephone Number:** Enter the telephone number of the person completing the cost report.
3. **Name and Title of Operating Agency Authorized Representative:** Print or type the name and position title of the chief executive officer of the operating agency or his/her designee.
4. **Fax Number:** Print or type the fax number of the person completing the cost report.
5. **Signature of Operating Agency Authorized Representative:** Self-explanatory.
6. **Date:** Enter the date that the cost report was completed, signed, and submitted.

COST REPORT AND RATE CALCULATION

Though the cost report establishes the portion of an individual agency's cost related to Foster Care Maintenance, the overall Statewide will be based upon aggregate data from all Residential Care Agencies and contain two separate components: A statewide average Room and Board component and a child-specific Daily Supervision component.

Because the general cost of providing room and board will not vary based on a child's identified level of care or other programmatic considerations, a core, statewide, Board Rate will be calculated based on the average cost of all agencies providing such services. This first component will be calculated by dividing the total net applicable Room and Board related costs for all agencies by the statewide total days of residential child caring services provided.

The second component, Daily Supervision, will vary based upon required staffing ratios as defined within the Missouri *Code of State Regulations* "Rules of Department of Social Services, Division 40—Division of Family Services, Chapter 71—Licensing Rules for Residential Care Agencies" as described, above.

To determine the child-specific Daily Supervision portion of the rate, agencies will be classified into one of four categories based upon the average level of supervision required by children in their care. This classification will allow for adequate differentiation of cost incurred in the provision of daily supervision across each category and permit calculation of the related rate component. After categorization of agencies into each of the defined categories, the Daily Supervision rate will be calculated by dividing the total net applicable Supervision costs for all agencies within a category by the total days of child caring services provided by those agencies.

Finally, the total child-specific Foster Care Maintenance Rate will be determined by adding the core Room and Board Rate to the calculated Daily Supervision rate based on the child's level-of-care requirement for each of the defined areas, above.

NOTE: ROUND ALL FIGURES TO THE NEAREST WHOLE DOLLAR

SECTION I. PERSONNEL COSTS

This section includes all salaries and wages paid for services rendered during the period of the cost report. Salaries and wages are allowable to the extent that the costs are reasonable for the services rendered and are supported by payroll vouchers or other generally accepted methods of documentation. Payroll must be further supported by time and attendance, or equivalent records, for individual employees. Salaries of employees chargeable to more than one program must be supported by documentation maintained by the operating agency that shows an equitable and appropriate distribution of time and effort.

The total salary entered in Column 1 (TOTAL SALARY) for each position will be allocated across one or more of the remaining columns in this section. Please note that the sum of columns (2) through (9) should equal the amount recorded in column 1. Salaries should be allocated to the primary direct service activity that most closely classifies the tasks performed by the staff

person(s), and allocated to two or more activities if there is a clear delineation and documentation of duties. If you have questions concerning the appropriate allocation for a position, please call MAXIMUS.

Only personnel costs associated with the operation of the residential care program and related services are to be included. If staff members divide their time between residential programs and other, unrelated, programs (for instance, adult services), only that portion of salary attributable to a residential program is to be reported.

The value of volunteer services is not to be included on this cost report. Contract consultants, and substitute or contract workers for whom no fringe benefits are paid are **not** to be included in on this page, but on Page 3, Section I-A, Consultant and Personal Service Contracts.

Position Title/Classification

List the actual job title, not the name of the employee. Abbreviations, but not acronyms, may be used. For example, "ch. care wrkr." not "CCW" or "Exec. Dir.," not "E.D."

Number of FTE Positions

Enter the number of full time equivalent (FTE—2,080 hours per year) positions in this program.

Example: The Child Care Worker's total wage is \$25,000, and is allocated between two agency programs at 10% and 90% respectively. A position's FTE is calculated by dividing the actual number of hours worked per year on a program, by the hours represented by the position's FTE value, or in the example above one-tenth of the Child Care Worker's time would be .10 FTE. The entry on the cost reports should be .10 FTE for \$2,500 and .90 FTE for \$22,500.

Identical positions may be reported on the same line on the salary page. For example:

Position Title/Classification	Number of FTE Positions
Cooks	2
Clerk	.5
Child Care Workers	8

Column 1—Total Salary for this Report

Enter the portion of an employee's salary that is related to the operation of the residential child caring agency and related services.

Column 2—Administrative Portion of Total Salary

Persons who act exclusively as management or administrative support for the residential program should have their entire salary listed in this column. Salaries of support or administrative staff who did not participate in the Time Study/RMS and whose function cannot be directly assigned to a direct service activity should be reported in this column. Examples are executive director, secretary, clerk, bookkeeper, and staff development trainer.

Column 3—Room and Board

The costs associated with the provision of/with food, clothing, and shelter are placed in this column. Examples of staff costs that may be classified as "Room and Board" include cook, housekeeper, laundry worker and maintenance.

Should an individual, such as a maintenance worker, provide service to multiple buildings serving multiple purposes, the portion of his salary attributable to Room and Board should be determined through the application of an allocation methodology such as the usage, by square footage, of the buildings maintained.

NOTE: If a staff member performs activities such as cooking or housekeeping for a portion of the day and acts as a child care worker for the remainder of the day, the entire salary should be listed in Column 4, Time Study and the individual should participate in the Time Study/RMS process.

Column 4—Time Study

This column should be used to report 100% of personnel costs related to the following staff functions: All agency staff responsible for the provision of direct daily supervision of children on a regular basis.

Those staff whose related cost should **NOT** be included in this section include:

- Agency administration
 - P It should be noted that, in some agencies, an agency administrator might perform a significant amount of direct care of residents. In these instances, the individual should participate in the time study process.
- Staff involved in the provision of a single function such as the provision of:
 - P counseling or therapy;
 - P medical service;
 - P food preparation;
 - P cleaning; or
 - P facility maintenance.

The costs associated with this column will be distributed to one of several functional categories based on statewide time distribution percentages generated by the Time Study/RMS. The entire salary for positions that have a portion of their time allocated to direct child care services should be entered in this column.

Please note: In the event that a certified medical professional (such as a nurse) provides direct care and supervision, their time may be allocated to the “Time Study” column on the report.

Column 6—Crisis Intervention Counseling & Therapy Not Covered as a Separate State Plan Service under the State’s Medicaid State Plan either Directly or Through the State’s MC+ Program.

Salaries of staff providing crisis intervention, treatment and/or counseling or other therapeutic or treatment-related services as defined above, including individual, family or group therapy sessions.

Column 7—Medical/Psychological Treatment

Salaries of staff who are licensed under State law as medical professionals qualified to administer medical procedures or treatment and/or eligible to provide services covered as a separate state plan service under the State’s Medicaid State Plan are included in this column. This includes nurses (NOT PROVIDING DIRECT CARE AND SUPERVISION OF CHILDREN), medical doctors, psychiatrists or psychologists who perform medically necessary services including but not limited to psychological testing or assessment, diagnosis and evaluation and treatment of a child’s health or behavioral health condition, EPSDT (HCY) services, Targeted Case Management.

Column 8—Education

This column is only used for positions associated with education services. A facility administrator who also manages or oversees the school program will allocate a portion of his or her time to this program area. The salaries of persons engaged in homework help and tutorial support provided outside the classroom and before or after the regular operating hours of the school program is placed in Column 4, Time Study.

Column 9—Unallowable

This column is used for salaries or portions of salaries for individuals whose activities are related to the provision of lobbying, fund-raising, and/or research activities.

THOSE SECTIONS OF THE COST REPORT SHADED GRAY MAY BE LEFT BLANK.

Line A. Total Salaries

Enter the dollar totals for each column. Please double-check the entries and totals for Administrative Portion, Column 2, and Direct Portion, Columns 3 through 9 to ensure that they add up to the total in Column 1, Total Salary for this report. Enter the Section I totals on Line A and on Line G (page 4) of the cost report.

Line B. Salary and Percent (%) By Activity

Compute and enter the percent of total salaries allocated to each column. This is accomplished by dividing the totals in line A for each of Columns 2 through 9 by the Total in Line A, Column 1. The total of line B, Columns 2 through 9 must equal 100%. Percentages should also be entered on Line E (page 4) of the cost report.

SECTION I-A. CONSULTANTS AND PERSONAL SERVICE CONTRACTS

Consultant and personal service contract fees are charges for the use of personal services provided by outside agencies or persons not on the regular payroll of the residential facility and for whom no fringe benefits are paid. List the type of job performed, not the name of the agency or individual. Costs should be allocated to the appropriate cost activity per previous instructions for salaried employees. For example, audit and legal fees should be listed as administrative costs in Column 2. Program-related charges, such as contracted child care workers, physicians, psychiatrists, etc., should be listed in the direct service Columns 3 through 9. **Do not** include contracts other than personal service contracts on this page.

Line C. Total Consultant and Personal Service Contracts

Total each line and column. Ensure the totals listed in Columns 2 through 9 add up to the total listed in Column 1. Enter the Section I-A totals on Line C and on Line J, page 4, of the cost report.

SECTION I-B. FRINGE BENEFIT & DIRECT SERVICE COST ALLOCATION

Fringe benefits should be included in this section for those full- and part-time positions that were included in Section I Personnel Costs. The total cost for each benefit for all positions should be included in Column 1, Total Costs. The list of benefits includes: the employer's share of social security and Medicare, workers' compensation, unemployment insurance, retirement, hospitalization insurance, life insurance, and other fringe benefit payments.

The cost of a professional liability insurance policy that is paid by the employer should be included in "Other" with a note detailing the entry. If professional liability insurance for the operating agency as a whole is obtained through a group policy, the cost of the group policy is to be listed in Section IV, Insurance Costs, on page 6 of the report.

Line D. Total Fringe Benefits

Enter the total of all fringe benefits listed above.

Lines E through L, and Total of all Personnel Costs, Line M, may be left blank. These lines add fringe benefits to the staff salaries from Section I Personnel Costs and costs for Consultants and Personal Service Contracts. The total personnel and fringe benefit costs are then distributed to the direct service columns based on the percentage results from the RMS.

Line E. Salary % (from Page 2, Line B)

Enter the salary percentages by activity for Columns 2 through 10 that were computed and also entered on Page 2, Line B.

Line F. Allocated Fringes

Multiply the total fringe benefits (Line D, Column 1) by each of the salary percentages by activity (Line E). Enter the results of each calculation in the appropriate column.

Line G. Salary Total

Enter the Salary Totals from Page 2, Line A for each of Columns 1 through 9.

Line H. Salaries Plus Allocated Fringes

For each of Columns 1 through 9, add Lines F and G and enter the results of each calculation in the appropriate column.

Line I. Total I-A Consultant and Personal Service Contracts

For Consultant and Personal Service Contracts. Enter the fee totals from Page 3, Line C.

Line J. Total Personnel and Consultant Costs

For each of Columns 1 through 9, enter the total of Lines H and I.

Line K. Time Study Results

The Time Study/RMS results used to distribute the personnel costs are printed in the corresponding columns for Administrative and Direct Service activities. It is possible that your facility may not have incurred one or more of the costs associated with each of the activities represented in Columns 3 through 9. However, based on the methodology adopted by the State of Missouri, a dollar figure must be calculated and entered on the next line, Line L, for each column.

Line L. Distribution of "Time Study" Costs

Multiply the "Time Study" Staff Cost, which is the total of "Time Study" Staff Salaries plus the allocated fringes from Line J, Column 4, by each of the percentages printed on Line K and enter the result of each of these calculations in the appropriate column on Line L. The dollar figures entered in Line L, Column 1, and Line J, Column 4, should be identical.

Line M. Total of All Personnel Costs by Activity

In Column 1, enter the same amount as listed in Line J, Column 1. For each of columns 2 and 3, enter the total of lines J and L. For Column 5, enter the same dollar amount that was computed and entered on Line L. For Columns 6 through 9, enter the total of Lines J and L. The totals for each column must also be entered in Section VIII, Summary, on Page 9 of the cost report.

To verify the accuracy of your calculations for Total 1, the total of Columns 2 through 9 must equal the amount listed in Column 1.

SECTION II. MATERIALS, SUPPLIES AND OTHER EXPENSES

The costs of materials, supplies, and other expenses necessary to carry out a program are to be included in this section. Such costs should be charged at their actual prices after deducting all cash discounts, trade discounts, rebates, and allowances received by the organization.

Withdrawals from general stores or stockrooms should be charged at cost under any recognized method of pricing consistently applied. Incoming transportation charges may be a proper part of material cost. Materials, supplies, and other expenses charged as a direct cost should include only the materials, supplies, and other expenses actually incurred in the operation of the child care agency. Due credit should be given for any excess materials or supplies retained, or returned to vendors.

Total II. Materials, Supplies and Other Expenses

Calculate both column and line totals. Ensure the totals listed for Columns 2 through 9 equal the total in Column 1. Entry of Section II totals on the appropriate line in Section VIII, Summary, of the cost report is optional.

Section II includes a diverse list of expenses related to operating a facility. The following are a few examples of costs questioned by providers:

- Drug Testing for employees is an allowable Administrative cost.
- Bank Fees for normal business costs are allowable, however if those fees result from fines and penalties then costs are considered unallowable.
- Health Care Supplies such as aspirin, band-aids, cough syrup, and other supplies that would be considered medicine chest supplies are allowable Room and Board costs.

Costs can be allocated based on use by activity area, percent (%) of personnel, square footage, or other applicable methodology.

SECTION III. OCCUPANCY COSTS

Providers reporting occupancy costs on the cost report must select and mark one of the following methods for reporting allowable building costs, (1) The actual rental charge, or if the building is owned by the provider, either (2) a 2% use allowance, or (3) depreciation of the original acquisition cost. If a provider incurs occupancy costs by more than one of the methods listed above, please check the one method that includes the majority of costs.

1. **RENTAL COSTS**—Rental costs of space in a privately owned building are allowable. The total cost must not exceed the rental cost of comparable space and facilities in other privately owned buildings in the same or similar locality.
2. **USE ALLOWANCE**—Compensation for the use of buildings is allowable through a use allowance. The use allowance shall be based on the acquisition cost, excluding the cost of land, and shall be computed at an annual rate not to exceed 2 percent of acquisition cost.
3. **DEPRECIATION**—Compensation for the use of buildings is allowable through depreciation. Any depreciation reported on the cost report shall be based on the acquisition cost, excluding the cost of land.

The Mortgage Interest cost entry can include interest and fees associated with bonds.

The costs of utilities, telephone, and property taxes for agency-owned buildings, and maintenance and repair are also allowed in conjunction with occupancy costs outlined above, provided they are not included as part of a rental agreement.

Costs for occupancy should be distributed to direct service activity areas by the most appropriate methodology available to the agency. It is expected that allocation by square footage will be the most commonly applied allocation method used.

TOTAL III. Occupancy Costs

Calculate both column and line totals. Ensure the totals listed for Columns 2 through 10 equal the total in Column 1. Entry of the Section III totals on the appropriate line in Section VIII Summary, on Page 9 of the cost report is optional.

SECTION IV. INSURANCE COSTS

Enter the cost incurred in the operation of the residential facility for necessary insurance premiums; subtract any refunds or good performance allowances (discounts). If insurance is purchased as a package and it is not possible to enter a separate premium for each category, note "package policy" and enter the total premium paid. **The cost of individual employee health, life or worker's compensation should be separated and entered in Section I-B, Personnel Costs, Fringe Benefits.**

Total IV. Insurance Costs

Calculate both column and line totals and enter the results in the appropriate columns. Ensure the totals listed for Columns 2 through 10 add up to the total listed in Column 1. Entry of the totals on the appropriate line in Section VIII Summary, on Page 9 of the cost report is optional.

SECTION V. TRAVEL COSTS

Enter the operating and maintenance costs of any agency owned vehicles. The costs of operating a vehicle for personal use of any employee of the residential facility may not be listed in this section. The acquisition cost of any vehicle owned or leased by the provider is **not** to be entered in this section, but in Section VI, Equipment. **Reimbursement for staff mileage is to be listed in the space provided at the actual rate paid, not to exceed 33 cents per mile.** Expenses for travel to conferences and meetings that pertain to the program or operation of the residential child caring institution should be listed in this section.

The types of travel costs listed above may be reported in Column 2 as an administrative cost, or, if it is possible to allocate these as direct service costs, then they should appear in one of the columns, 3 through 10, whichever is appropriate. Only those travel costs for transportation for visitation, as defined within the *Child Welfare Policy Manual* may be included as a direct room and board cost.

Purchased transportation refers to necessary transportation by a public carrier for the children placed at the residential care facility. Costs such as bus tickets or taxi fare for visits to the parental home are direct service costs and should be allocated to Room and Board.

Total V. Travel Costs

Calculate both column and line totals. Ensure the totals listed for Columns 2 through 10 add up to the total listed in Column 1. Entry of the Section V totals on the appropriate line in Section VIII, Summary, on Page 9 of the cost report is optional.

SECTION VI. EQUIPMENT COSTS

Ensure that only those equipment costs applicable to the type of program being reported are listed here. If the equipment is used less than 100% for the agency included in this report, only the actual percentage of use for this program is to be applied to the initial cost and expensed on this report. To the extent possible, equipment costs, including any depreciated equipment, should be allocated to direct cost categories, Columns 3 through 10. For example, household furnishings and kitchen equipment should be listed as Room and Board, Column 3. Office equipment costs used by Administration should be included in the Administrative service category. Equipment used in the provision of Educational services should be included in the Education service category, etc.

This section is divided into 4 categories:

- (A) Equipment purchases under \$5,000
- (B) Leased and rented equipment costs
- (C) Depreciated equipment costs
- (D) Maintenance and repair costs

LINE A. Small Equipment Purchase

Any item or group of items having an acquisition cost of less than \$5,000 should be included in this cost entry. List only those items that were purchased during the period covered by the cost report. Itemize costs or list a brief description of the categories of the items, e.g., office, household, medical, and the actual cost.

Equipment may be listed separately and expensed (four beds at \$100 each, four night stands at \$50 each); or grouped (four bedroom furniture sets, \$600). Both methods are acceptable. In either case, the reporting method used on the cost report should be an actual reflection of the accounting method used by the operating agency.

LINE B. Leased and Rented Equipment

List a brief description of the item and the total applicable annual charge for the item.

NOTE: Equipment costing over \$5,000 and obtained by lease/purchase agreement must be depreciated. Such costs are to be listed in Line C, Depreciated Equipment.

LINE C. Depreciated Equipment

Depreciable equipment is any item or group of items having an acquisition cost of more than \$5,000 and a useful life in excess of one year. Adequate property records to ensure that assets exist and are usable and needed must support any costs listed in this line. Adequate depreciation records indicating the amount of depreciation taken must be maintained by the operating agency. Please attach a copy of the depreciation schedule with the cost report. Claim only the portion of cost allocated to the remaining period of the cost report; e.g., if equipment was purchased in March, the cost report would carry depreciation for only the months March through December. The depreciation method once used shall not be changed for the life of the asset. If you have a more restrictive fiscal policy, items costing less than \$5,000 and having a useful life of more than one year may be depreciated.

LINE D. Maintenance and Repair

Enter the cost of keeping equipment in efficient operating condition. This may include the cost of an equipment maintenance contract.

TOTAL VI. Equipment Costs

In each column enter the total for that column. Entry of the Section VI totals on the appropriate line in Section VIII, Summary on page 9 of the cost report is optional. Ensure the totals listed for Columns 2 through 10 equal the total in Column 1.

SECTION VII. SUMMARY

Completion of the information requested on this page is optional.

Section VII is a summary of Sections I through VI of the cost report. The totals from each section are to be entered in the corresponding rows and columns of Section VIII. When all these entries have been made, total each of Columns 1 through 10 and enter the total for each column in the line labeled Total VIII Summary.

SECTION VIII. COST ADJUSTMENTS

Section VIII is a cost adjustment section that provides for the allocation of administrative costs to direct activities, and then calculates the total cost eligible for reimbursement under the Title IV-E Foster Care program.

Completion of Section VIII, Cost Adjustments, is optional. However, instructions for completion of Parts A through G are provided on the cost report form should you choose to complete this section of the form.

Line H. Maintenance Cost Allocation: This line calculates the average cost of providing Foster Care Maintenance per day for the agency. The totals of “Room & Board” and “Child Supervision” costs located in Line G should be summed and incorporated under the “Total Cost” column of Line H. The “Applicable Credits” total will derive from the total of “Room & Board” revenues from Section X. Revenue Schedule. The “Net Cost” column is the difference between the Total Cost and the Applicable Credits. A total for the Census Days column can be found in Box D on page 1 of the report. The “Net Cost” total divided by the “Census Days” total will provide the facility/program with its “Net Cost Per Day” dollar amount.

SECTION IX. REVENUE SCHEDULE

Funding sources provided (accrual basis) to your agency for services rendered should be included within this section of the report. Examples include, but are not limited to:

- **Social Services**—Examples of **UNALLOWABLE** “social services” may include but not be limited to:
 - IV-E Training Payments;
 - USDA Reimbursements;
 - Payments from school districts or the Department of Elementary and Secondary Education for the provision of educational services;
 - Reimbursements from the Department of Social Services (DSS) (including DFS or DYS), the Department of Mental Health (DMH) or other third party payors that offset reported costs such as, including but not limited to:
 - P Reimbursements for the Development of the Initial Treatment Plan, Quarterly Updates to the Initial Treatment Plan and other Treatment Planning Services Reimbursed by Others.
 - P Reimbursements for Day Treatment,
 - P Reimbursements for Counseling or other Therapeutic Services
 - P Reimbursements for Medical and Behavioral Health Services Covered by the State’s Medicaid State Plan (either directly or indirectly through MC+ Plans) including, but not limited to,
 - Physician’s services;
 - Pharmacy-related services;
 - Psychology and Counseling services;

Under the column entitled “Payor”, enter the agency name or source of funding for the revenue categories. Please be specific when listing the Payor Name. The following is a list of examples for the revenue categories:

Each credit will be analyzed based upon the service funded by the grant source and applied to the appropriate functional activity category thus reducing the agency expenditure eligible for consideration in the final calculation. Credits to the will be applied to the functional activity areas in accordance with the following guidelines:

- Administrative
 - IV-E Training Payments
 - Other payments offsetting costs related to administration.
- Maintenance
 - USDA
 - Other payments offsetting costs related to the provision of room and board related services

- Education
 - P Payment for provision of education services
 - P Reimbursement for related:
 - Q facility or building costs
 - Q staff costs
 - Q Other payments offsetting costs related to the provision of educational services.
- Crisis Intervention Counseling & Therapy Not Covered as a Separate State Plan Service under the State's Medicaid State Plan either Directly or Through the State's MC+ Program.
 - P Reimbursements for the Development of the Initial Treatment Plan, Quarterly Updates to the Initial Treatment Plan and other Treatment Planning Services Reimbursed by Others.
 - P Reimbursements for Day Treatment.
 - P Reimbursements for Counseling or other Therapeutic Services.
 - P Other payments offsetting costs related to the provision of crisis intervention, counseling and therapy not covered as a Separate State Plan Service under the State's Medicaid State Plan either Directly or Through the State's MC+ program.
 - P Reimbursements for Medically Necessary Travel.
 - P Reimbursements for Case Management Services.
- Medical Related:
 - P Reimbursements for Medical and Behavioral Health Services Covered by the State's Medicaid State Plan (either directly or indirectly through MC+ Plans) including, but not limited to,
 - Q Physician's services;
 - Q Targeted Case Management;
 - Q Pharmacy-related services;
 - Q Psychology and Counseling services;
 - Q EPSDT (HCY) services;
 - Q Other reimbursements from Medicaid or the MC+ Plans for the provision of other medically necessary services.

Please double-check your figures and calculations to verify the accuracy of the report. Remember, throughout the report, the total of Columns 2 through 10 must equal the totals in Column 1.

V. SUBMISSION OF COST REPORT

Attach to the completed cost report, copies of:

- The most recent State license/certificate/approval issued by the state agency responsible for licensing/certifying/approving residential child caring agencies.
- Copy of private facility's last completed independent audit or financial statements.
- Federal Internal Revenue Service certificate or letter of determination.

VI. COST DEFINITIONS

The following list does not reflect all allowable costs or complete definitions. Agency/provider staff completing a cost report is urged to review OMB Circulars A-87 and A-122 for a more complete listing of allowable and unallowable costs and respective definitions, policies, procedures and methods for calculations.

A. ALLOWABLE COSTS

Accounting – The cost of establishing and maintaining accounting and other information systems.

Advertising/Public Relations—Advertising costs are allowable only when the purpose is for employee recruitment, procurement of goods and services, and disposal of scrap or surplus materials. Public relations costs are allowable when communicating with the public and press relative to facility activities or accomplishments, and conducting general liaison with news media and government public relations offices.

Audit Services—Costs relative to audit are allowable.

Automated Electronic Data Processing—The cost of data processing is allowable.

Bonding Costs—The cost of bonding and related rates/premiums required for the general conduct of operations in accordance with sound business practice are allowable. This includes such Bonds as: bid, performance, payment, advance payment, infringement, and fidelity.

Budgeting—Costs incurred for the development, preparation, presentation, and execution of a budget are allowable.

Consultation Fees—The cost of consultation fees, that is, charges for the use of personal services of outside agencies or persons not on the payroll of the contracting agency, are allowable to the extent that they are necessary for the operation of the agency (i.e., audit service, legal counsel, and specialized consultation).

Deferred Compensation—Such cost is allowable to the extent that: (1) except for past service pension and retirement costs, it is for services rendered during the period of the cost report; (2) it is, together with all other compensation paid to the employee, reasonable in amount; (3) it is paid pursuant to an agreement entered into in good faith between the operating agency and its employees before the services are rendered, or pursuant to an established plan followed by the operating agency so consistently as to imply, in effect, an agreement to make such payments; (4) the benefits of the plan are vested in the employees or their designated beneficiaries and no part of the deferred compensation reverts to the employer; (5) in the case of past service pension costs, it is amortized over a period of ten years or more; and (6) for a plan which is subject to approval by the Internal Revenue Service (IRS), it falls within the criteria and standards of the *Internal Revenue Code* and regulations of the IRS.

Depreciation—Depreciation is the systematic reduction in value of capital equipment and/or property. The depreciable cost of capital equipment - any item with an acquisition cost in excess of \$5,000 - is allowable. Computation of depreciation is based upon the acquisition cost of the item excluding (1) any cost borne by the federal government through other federal grant programs, (2) any idle or excess equipment, and (3) the estimated salvage or trade-in value of the item. Adequate property records must be maintained. Depreciation methods once used shall not be changed for the life of an asset.

Example:

Computer purchased March, 200X
Total Cost \$ 5,500.00
Less salvage value (10%) \$ -550.00
Amount to be depreciated \$ 4,950.00
Divided by useful life (7 years) ÷ 7
Annual depreciation \$ 707.14

Expendable Equipment—Small equipment, that is, any item with an acquisition cost of less than \$5,000, necessary in providing services, may be expensed during the reporting period.

Incentive Compensation—Such payments to employees based on cost reduction, efficient performance, suggestion awards, etc., are allowable to the extent that the overall compensation is determined to be reasonable and such costs are paid or accrued pursuant to an agreement entered into in good faith between the operating agency and the employees before the services were rendered, or pursuant to an established plan followed by the operating agency so consistently as to imply, in effect, an agreement to make such payment.

Insurance Costs—Cost of insurance in connection with the general conduct of activities is allowable to the extent that the cost is in accordance with sound business practice. Protection against liabilities or loss of assets related to the provision of contract services should be provided. Major losses incurred through lack of available insurance coverage would be considered a non-allowable cost. However, the deductible portion of insurance coverage or minor uninsurable losses is allowable. The cost of insurance on the life of any officer or employee, for which the operating agency is beneficiary, is unallowable. Medical insurance costs are not allowable. Liability insurance costs should be entered under Section 4, page 6, of the cost report form.

Interest Cost—The interest cost associated with otherwise allowable costs of building acquisition, construction, or fabrication, reconstruction or remodeling.

Lease and Lease Purchase—The cost of equipment or facilities procured under a lease-purchase arrangement, is allowable to the extent of its use for the program, its reasonableness as sound business practice and as applicable to the cost of ownership (i.e., depreciation, utilities, maintenance, and repair).

Leased Equipment—Leased equipment is any item rented at a fixed price for a set period of time. The cost of leased equipment is allowable to the extent of its use for the program and its reasonableness as sound business practice.

Maintenance and Repair—Costs incurred for necessary maintenance, repair, and upkeep of property which neither add to the permanent value of the property nor appreciably prolong its intended life, but keep it in efficient operating condition are allowable. Costs incurred for necessary maintenance, repair, and upkeep of equipment are also allowable.

Materials, Supplies, and Other Expenses—The costs of materials, supplies, and other expenses necessary to carry out a program are allowable. Such costs should be charged at their actual prices after deducting all cash discounts, trade discounts, rebates, and allowances received by the organization. Withdrawals from general stores or stockrooms should be charged at cost under any recognized method of pricing consistently applied. Incoming transportation charges may be a proper part of material cost. Materials, supplies, and other expenses charged as a direct cost should include only the materials, supplies, and other expenses actually used for the performance of the contract or grant, and due credit should be given for any excess materials or supplies retained, or returned to vendors. Items of equipment with an acquisition cost of less than \$5,000 may be considered as supplies.

Medical Records—Costs of personnel whose duties include management of medical records may be eligible for IV-E if the position's primary function is maintaining centralized files that include relevant IV-E activities (case management, file/notes, billings to Office of Family and Children). A portion of their salary can be reported on the cost report if appropriately allocated to the service category of Administrative. For example, medical records salaries can be allocated to the service categories by a percentage of personnel costs. The percentage of direct care staff can be applied to the Administrative service category and the percentage of medical staff to the Medical service category.

Mortgage Interest Bonds—The cost entry can include interest and fees associated with bonds.

Occupancy Costs—Occupancy costs are those costs of renting and operating a building. The claiming of this cost is dependent on the type of ownership.

Payroll Related Expenses—Employee benefits in the form of employer contributions to Social Security, State and municipal retirement systems, life and health insurance plans, unemployment insurance coverage, workers' compensation insurance, and pension plans are allowable if equitably distributed.

Personal Incidentals Personal incidentals include but are not limited to medicine chest supplies, personal hygiene items, such as comb, brush, toothbrush, soap, shampoo/conditioner, hair dryer, deodorant, sanitary needs, haircuts, and other sundries and incidentals, and can be included under the category of Room and Board.

Rental of Privately Owned Building—Rental cost for space is allowable if the charge does not exceed the cost of comparable space and facilities in the same locality. The lease agreement must stipulate the extent of the lessor's responsibility for renovations. Major renovations that add to the permanent value of the property or appreciably prolong its life, the cost of which is borne by the provider, must be depreciated.

Rental of Publicly Owned Building—The rental cost of a publicly owned building is allowable if the charge does not exceed the cost of ownership. The rental charge should include the cost of service, maintenance, depreciation on the building, and depreciation of major renovation.

Salaries—Such costs include all salaries and wages, paid or accrued, for services rendered during the reporting period. The salaries and wages are allowable to the extent that the compensation is (1) reasonable for the services rendered, and (2) are supported by payroll vouchers or other documentation. Payroll amounts being claimed must be further supported by time and attendance or equivalent records for individual employees. Salaries of employees that are chargeable to more than one program or cost center must be supported by appropriate time distribution records. The method used should produce an equitable distribution of time and effort among the various programs staff are working on.

School Supplies and Fees—School Supplies and Fees that would be bought by a parent for a child while attending school can be included in the category of Room and Board. Examples of these would be paper, pencils, book fees, etc.

Severance Pay—Such cost, also commonly referred to as dismissal wages, is a payment in addition to regular salary and wages to workers being terminated. Costs of severance pay are allowable only to the extent that, in each case, it is required by (1) law, (2) employer/employee agreement, or (3) established policy that constitutes, in effect, an implied agreement on the operating agency's part. Costs should be directly allocated based on the type of personnel activity.

Travel—The costs of operation, maintenance, and repairs of agency vehicles are allowable when relevant to the delivery of services. Expenses for transportation, lodging, subsistence, and related items incurred by employees who are traveling on official business incidental to delivery of services are allowable either on an actual basis or a per diem and mileage basis. Expenses for meetings and conferences are allowable if the primary purpose is the dissemination of technical information relating to services. Purchased transportation is allowable if incidental to delivery of services.

Use Allowance of Depreciation of Provider Owned Building—The computation of use allowances or depreciation will be based upon acquisition cost. The computation will exclude (1) any cost borne by the federal government through other federal grant programs, (2) the cost of land, and (3) idle or excess facilities. The straight-line method of depreciation will be used for building and capital improvements. In lieu of depreciation, a use allowance for buildings and improvements may be computed at an annual rate not exceeding two percent of acquisition costs.

Utilities—Utility costs are those costs for heating, lighting, water, sewage, etc. Utility costs for related facilities are allowable if equitably distributed among programs and cost centers.

B. UNALLOWABLE COSTS

Alcoholic Beverages—The cost of alcoholic beverages is unallowable.

Bad Debt—Losses (actual or estimated) arising from accounts which cannot be collected and other claims and related costs are unallowable.

Contingencies—Contributions to a contingency reserve or any similar provision for unforeseen events are unallowable.

Contributions and Donations—Outlays of cash with no prospective benefit to the facility or program are unallowable.

Depreciation—Cost of depreciation on idle facilities, except when necessary to meet fluctuations in caseload, is unallowable.

Entertainment—Costs of amusement, social activities, ceremonials, and related incidentals for staff only are unallowable (includes costs such as meals, lodging, rentals, transportation, and gratuities).

Fines and Penalties—Costs of fines and penalties resulting from failure to comply with federal, state and local laws or imposed by court are unallowable.

Fundraising—Costs of organized fundraising are unallowable. Includes financial campaigns, solicitations of gifts, and similar expenses incurred to raise capital or obtain contributions.

Funds Claimed Against Other Federal Programs—Any costs specifically subsidized by other federal monies, with the exception of federal funds authorized by federal law to be used to match other federal funds.

Interest and Other Financial Costs—Interest on borrowing, bond discounts, or any cost of financing or refinancing operations is unallowable except interest incurred on building acquisition as referenced in Part A of this section under ‘OCCUPANCY COSTS’.

Investments—Costs of investment counsel and staff or similar expenses incurred solely to enhance income from investments are unallowable.

Organizational Costs—Organizational costs such as incorporation fees to accountants, attorneys, brokers, etc. in connection with establishment or reorganization are unallowable.

Prohibited Activities—Costs of prohibited activities for *Internal Revenue Code* Section 501(c)(3) organizations are unallowable.

Under Recovery of Costs Under Grant Agreements—Any excess of cost over the federal contribution under one grant agreement is unallowable under other grant agreements.

VII. IMPORTANT REMINDERS

- An agency that operates more than one type of program should have, and retain on file at the agency, a cost allocation plan that fairly and equitably distributes costs to each of the residential programs.
- Terms such as “other”, “miscellaneous”, “various”, etc. should NOT be used on the cost report.

Figures or calculations entered on the cost report form should always be checked for accuracy prior to submission.

RESIDENTIAL CARE AGENCY COST REPORT

(Please Print or Type)

Reporting Period: _____ TO: _____

A. IDENTIFYING INFORMATION FOR OPERATING AGENCY

1. Operating Agency Name	4. Federal Tax I.D. Number	7. Operating Agency Type (Check One) <input type="radio"/> Public <input type="radio"/> Private / Not-For-Profit <input type="radio"/> Private / For-Profit
2. Mailing Address	5. Telephone Number	
3. City, State	6. Zip Code	

B. DSS SERVICE / PAYMENT INFORMATION

1. Emergency Shelter Days / Payment	2. REHAB - RT Emgoy. Crisis Intervention Days / Payment	3. Family Focused Residential Services Days / Payment
4. Maternity Care Days / Payment	5. Maternity Care with Infant Days / Payment	6. Infant / Toddler Care Days / Payment
7. Moderate Need (Level II) Days / Payment	8. REHAB - RT Moderate Need (Level II) Days / Payment	9. Severe Need (Level III) Days / Payment
10. REHAB - RT Severe Need (Level III) Days / Payment	11. Intensive Need (Level IV) Days / Payment	12. REHAB - RT Intensive Need (Level IV) Days / Payment
13. Other Payment		

C. IDENTIFYING INFORMATION FOR FACILITIES, UNITS, OR PROGRAMS

1. Facility # 1 Name	5. Licensed Capacity	9. Infant / Toddler / Pre-School
2. Street Address	6. Days of Operation	10. Residential Treatment
3. City, State, Zip Code	7. Occupancy Percent	11. Intensive Residential Treatment
4. Telephone Number	8. Basic Core Requirements	12. Other Days of Residential Care Provided
1. Facility # 2 Name	5. Licensed Capacity	9. Infant / Toddler / Pre-School
2. Street Address	6. Days of Operation	10. Residential Treatment
3. City, State, Zip Code	7. Occupancy Percent	11. Intensive Residential Treatment
4. Telephone Number	8. Basic Core Requirements	12. Other Days of Residential Care Provided
1. Facility # 3 Name	5. Licensed Capacity	9. Infant / Toddler / Pre-School
2. Street Address	6. Days of Operation	10. Residential Treatment
3. City, State, Zip Code	7. Occupancy Percent	11. Intensive Residential Treatment
4. Telephone Number	8. Basic Core Requirements	12. Other Days of Residential Care Provided
1. Facility # 4 Name	5. Licensed Capacity	9. Infant / Toddler / Pre-School
2. Street Address	6. Days of Operation	10. Residential Treatment
3. City, State, Zip Code	7. Occupancy Percent	11. Intensive Residential Treatment
4. Telephone Number	8. Basic Core Requirements	12. Other Days of Residential Care Provided

D. TOTAL CENSUS DAYS

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E. CERTIFICATION OF ACCURACY

1. Name of Person Completing This Form (Please Print)	2. Telephone Number
3. Name and Title of Operating Agency Authorized Representative (Please Print)	4. Fax Number
I certify that information contained herein is correct and completed in accordance with instructions.	
5. Signature of Operating Agency Authorized Representative	6. Date

Residential Care Cost Report - V7 2002a

I-B. PERSONNEL COSTS **ROUND ALL FIGURES TO THE NEAREST DOLLAR**

Fringe Benefits										
Social Security & Medicare										
Workers Compensation										
Unemployment Compensation										
Retirement										
Hospitalization										
Life Insurance										
Other (Specify)										
D. TOTAL FRINGE BENEFITS										
E. Salary % (from Line B)										
F. Allocated Fringes (Line D x Line E)										
G. Salary Total (from Line A)										
H. Salaries Plus Allocated Fringes (Line F plus Line G)										
I. Total 1-A Consultant and Personal Service Contracts (from Line C)										
J. Total Personnel and Consultant Costs (Line H plus Line I)										
Total Fees for this Report		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
K. Time Study Results in % Staff Activity										
L. Distribution of Time Study Staff Costs (J4* K%)										
M. Total of all Personnel Costs by Activity (J+L) Enter here and in Section VIII										

ROUND ALL FIGURES TO THE NEAREST DOLLAR

II. Materials, Supplies, and Other Expenses

	(1) Total Costs	(2) Administrative Portion	Distribution of Direct Service Fees by Type of Activity					
			(3) Room and Board	(5) Child Supervision	(6) Intervention Counseling and Therapy	(7) Medical Treatment	(8) Education	(9) Unallowable
Food (Less USDA)								
Household Supplies								
School Supplies and Fees								
Clothing								
Health Care Supplies								
Personal Items								
Office Supplies								
Professional Fees, Dues, and Subscriptions								
Advertising								
Program Supplies and Expenses								
Printing and Postage								
Conference and Training Fees								
Medical Supplies								
Employee Medical Exams								
Other								
Total II Materials, Supplies, and Other Expenses Enter Here and in Section VIII.								

III. OCCUPANCY COSTS

ROUND ALL FIGURES TO THE NEAREST DOLLAR

Building Costs (Check only one)	(1) Total Costs	(2) Administrative Portion	Distribution of Direct Service Fees by Type of Activity					
			(3) Room and Board	(4) Child Supervision	(5) Crisis Intervention/ Counseling and Therapy	(6) Medical Treatment	(7) Education	(8) Unallowable
<div style="border: 1px solid black; padding: 2px;"> Occupancy Costs <input type="radio"/> Depreciation <input type="radio"/> Rent <input type="radio"/> 2% Use Allowance </div>								
Mortgage Interest								
Property Taxes for Agency Owned Building								
Utilities								
Telephone								
Maintenance and Repair								
Other:								
Total III Occupancy Costs Enter here and in Section VIII								

IV. INSURANCE COSTS	(1) Total Costs	(2) Administrative Portion	Distribution of Direct Service Fees by Type of Activity					
			(3) Room and Board	(4) Child Supervision	(5) Crisis Intervention/ Counseling and Therapy	(6) Medical Treatment	(7) Education	(8) Unallowable
Liability								
Property								
Accident								
Auto								
Admin Insurance Policies								
Total IV Insurance Costs Enter here and in Section VIII								

V. TRAVEL COSTS	(1) Total Costs	(2) Administrative Portion	Distribution of Direct Service Fees by Type of Activity					
			(3) Room and Board	(4) Child Supervision	(5) Crisis Intervention/ Counseling and Therapy	(6) Medical Treatment	(7) Education	(8) Unallowable
Gas, Oil, Maintenance, etc.								
Staff Mileage								
Travel to Conference / Meetings								
Purchase Transportation (Specify)								
Depreciated Auto								
Total V Travel Costs Enter here and in Section VIII								

ROUND ALL FIGURES TO THE NEAREST DOLLAR								
VII. SUMMARY		Distribution of Direct Service Fees by Type of Activity						
	(1) Total Costs	(2) Administrative Portion	(3) Room and Board	(5) Child Supervision	(6) Crisis Intervention Counseling and Therapy	(7) Medical Treatment	(8) Education	(9) Unallowable
I. Total Personnel Costs								
II. Total Materials, Supplies, and Other Expenses								
III. Total Occupancy Costs								
IV. Total Insurance Costs								
V. Total Travel Costs								
VI. Total Equipment Costs								
VII. Total Cost Summary								

VIII. COST ADJUSTMENT						
A. Non-Administrative Total Subtract Grand Total Admin Cost from Total VII Summary						
B. Administrative Cost (From Column 2, Above)						
C. Administrative Cost Credits (Section IX, Column 4)						
D. Net Administrative Cost Applied						
E. Administrative Allocation Percentage						
F. Administrative Cost Allocation						
G. Total Costs						
H. Maintenance Cost Calculation						

*AUTHORITY: section 207.020, RSMo 2000. Emergency rule filed Jan. 16, 2004, effective Jan. 26, 2004, expires July 23, 2004. A proposed rule covering this same material is published in this issue of the **Missouri Register**.*

The Secretary of State shall publish all executive orders beginning January 1, 2003, pursuant to section 536.035.2, RSMo Supp. 2003.

EXECUTIVE ORDER

04-01

WHEREAS, public safety is a critical priority of this administration as it is vital to the State of Missouri and the well being of its citizens and communities; and

WHEREAS, this administration strives to ensure our state and local public safety officers are recognized for extraordinary displays of valor.

NOW, THEREFORE, I, BOB HOLDEN, GOVERNOR OF THE STATE OF MISSOURI, by virtue of the authority vested in me by the Constitution and laws of the State of Missouri, do hereby establish the Public Safety Officer Medal of Valor, and the Medal of Valor Review Board within the Department of Public Safety, as follows:

- A. Medal of Valor Review Board (the "Board") – shall be composed of 7 members appointed by the Governor in accordance with subsection B and shall conduct its business in accordance with this order.
- B. Membership -
 1. Members: The members of the Board shall be individuals with knowledge or expertise, whether by experience or training, in the field of public safety, and shall include:
 - a. the Director of the Department of Public Safety or designee;
 - b. a Police Chief;
 - c. a Fire Chief;
 - d. an elected County Sheriff; and
 - e. 3 citizens, one with experience in firefighting, one with experience in law enforcement, and one with experience in corrections or emergency services.
 2. Term: The term of a Board member shall be 4 years.
 3. Vacancies: Any vacancy in the membership of the Board shall not affect the powers of the Board and shall be filled in the same manner as the original appointment.
 4. Operation of the Board:
 - a. Chairman – The Chairman of the Board shall be elected by the members of the Board from among the members of the Board.
 - b. Meetings – The Board shall conduct its first meeting not later than 90 days after the appointment of the last member of the initial group of members appointed to the Board. Thereafter, the Board shall meet at the call of the Chairman of the Board. The Board shall meet not less often than once each year and not more than 3 times each year.

- c. **Voting and Rules** – A majority of the members shall constitute a quorum to conduct business, but the Board may establish a lesser quorum for conducting hearings scheduled by the Board. The Board may establish by majority vote any other rules for the conduct of the Board's business, if such rules are not inconsistent with this order or other applicable law.
- C. **Duties** – The Board shall nominate candidates as recipients of the Public Safety Officer Medal of Valor from among those applications received by the Board members. Not more often than once each year, the Board shall present to the Governor the name or names of those it recommends as Public Safety Officer Medal of Valor recipients. In a given year, the Board shall not be required to nominate any recipients but may not select more than 7 recipients. The Governor may in extraordinary cases increase the number of recipients in a given year. The Board shall set an annual timetable for fulfilling its duties under the order.
- D. **Information from Agencies** – The Board may secure directly from any department or agency such information as the Board considers necessary to carry out its duties. Upon the request of the Board, the head of such department or agency may furnish such information to the Board.
- E. **Information to be Kept Confidential** – The Board shall not disclose any information which may compromise an ongoing law enforcement investigation or is otherwise required by law to be kept confidential.
- F. **The members of the Board shall serve without compensation**, except that the members may be reimbursed for reasonable and necessary expenses arising from Board activities or business. Such expenses shall be paid by the Department of Public Safety.
- G. **Public Safety Officer** – is defined as a person serving a public agency, with or without compensation, as a firefighter, law enforcement officer, or emergency personnel. The term "law enforcement officer" includes a person who is a state or local corrections or court officer or a civil defense officer.

Beginning February 26, 2004, the Governor of the State of Missouri may award and present a Medal of Valor of appropriate design, with ribbons and appurtenances, to a public safety officer who is cited by the Medal of Valor Review Board for extraordinary valor above and beyond the call of duty.

This Executive Order may be cited as the "Public Safety Officer Medal of Valor Order of 2004."



IN WITNESS WHEREOF, I have hereunto set my hand and caused to be affixed the Great Seal of the State of Missouri, in the City of Jefferson on this 3rd day of February, 2004.

A handwritten signature in cursive script that reads "Bob Holden".

Bob Holden
Governor

ATTEST:

A handwritten signature in cursive script that reads "Matt Blunt".

Matt Blunt
Secretary of State

**Executive Order
04-02**

WHEREAS, section 105.454(5), RSMo, of the Missouri Ethics Law requires the Governor to designate those members of his staff who have supervisory authority over each department, division, or agency of state government.

NOW, THEREFORE, I, BOB HOLDEN, GOVERNOR OF THE STATE OF MISSOURI, by virtue of the authority vested in me by the Constitution and Laws of the State of Missouri, do hereby designate the following members of my staff as having supervisory authority over the following departments, divisions, or agencies:

Office of Administration	Jake Zimmerman
Transportation	Patrick Lynn
Agriculture	Jack Cardetti
Conservation	Irl Scissors
Elementary and Secondary Education	Kerry Crist
Higher Education	Kerry Crist
Public Service Commission	Patrick Lynn
Revenue	Jake Zimmerman
Social Services	Patrick Lynn
Labor	David Cosgrove and Irl Scissors
Public Safety	David Cosgrove
Corrections	Irl Scissors
Natural Resources	Irl Scissors
Health and Senior Services	Tina Shannon
Insurance	Patrick Lynn
Economic Development	Jack Cardetti
Mental Health	Tina Shannon
MHDC	Jennifer Deaver



ATTEST:

IN WITNESS WHEREOF, I have hereunto set my hand and caused to be affixed the Great Seal of the State of Missouri, in the City of Jefferson, on this 3rd day of February, 2004.

A handwritten signature in cursive script, reading "Bob Holden", written over a horizontal line.

Bob Holden
Governor

A handwritten signature in cursive script, reading "Matt Blunt", written over a horizontal line.

Matt Blunt
Secretary of State

**EXECUTIVE ORDER
04-07**

WHEREAS, on February 6, 2003, the director of the Missouri Department of Insurance issued the report "Medical Malpractice in Missouri: The Current Difficulties in Perspective," and

WHEREAS, past proposals to deal with medical malpractice insurance crises have focused almost exclusively on tort reform and insurance industry reform; and

WHEREAS, it is equally appropriate to focus on problems such as inadequate provider/patient communications, improper clinical and administrative procedures, and preventable medical errors, which taken together, are the cause of many medical malpractice claims; and

WHEREAS, it is important to strike a balance between public accountability for the quality of health care and the need for health care providers to learn from medical errors.

NOW, THEREFORE, I, BOB HOLDEN, GOVERNOR OF THE STATE OF MISSOURI, by virtue of the authority vested in me by the Constitution and the Laws of the State of Missouri, do hereby establish the Missouri Commission on Patient Safety. This Executive Order shall supersede and rescind Executive Order 03-16 of October 1, 2003.

The composition of the Missouri Commission on Patient Safety shall be as follows: the directors of the Department of Insurance and the Department of Health and Senior Services or their designees; 15 persons appointed by the Governor from a variety of professions and perspectives including, but not limited to, physicians, osteopathic physicians, pharmacists, nurses, hospital administrators and staff, risk managers, long-term care administrators and staff, medical educators, patient care review specialists, patient safety and quality improvement professionals, and health care consumers. The Governor will designate one member of the commission as chairperson and one member as vice-chairperson. The executive directors of the Boards of Healing Arts, Nursing and Pharmacy shall serve as ex-officio members of the commission.

The purpose of the commission shall be to study and recommend legislative, administrative, clinical, behavioral, and technological measures to improve medical outcomes, prevent errors, upgrade health-care delivery systems, and improve education of medical providers and patients, all with a goal of reducing the incidence of preventable medical errors and reducing the number of medical malpractice claims.

The commission is assigned to the Missouri Department of Insurance for administrative purposes. Members of the commission shall serve without compensation but may be reimbursed for reasonable and necessary expenses arising from the commission's activities.

The commission shall report its recommendations to the Governor by July 1, 2004.



ATTEST:

IN WITNESS WHEREOF, I have hereunto set my hand and caused to be affixed the Great Seal of the State of Missouri, in the City of Jefferson on this 3rd day of February, 2004.



Bob Holden
Governor



Matt Blunt
Secretary of State

**EXECUTIVE ORDER
04-08**

WHEREAS, the Missouri Office of Administration is created pursuant to Article IV, Section 12, of the Missouri Constitution and Chapter 37, RSMo.; and

WHEREAS, the Missouri Department of Labor and Industrial Relations is created pursuant to Article IV, Section 12, of the Missouri Constitution and Chapter 286, RSMo.; and

WHEREAS, the Governor's Council on Disabilities is created within the Department of Labor and Industrial Relations pursuant to Chapter 286.200, RSMo.; and

WHEREAS, Missouri is home to nearly one million persons with disabilities; and

WHEREAS, the Governor's Council on Disabilities focuses on creating a climate in which all Missourians with and without disabilities have equal access to employment opportunities; and

WHEREAS, the Council provides information about compliance with the Americans with Disabilities Act and assistive technology to maximize the productivity of people with disabilities; and

WHEREAS, the Council offers assistance to other state agencies for compliance with all laws regarding persons with disabilities; and

WHEREAS, the State of Missouri is dedicated to creating an environment where people with disabilities can enjoy equal opportunity and independence in all aspects of life; and

WHEREAS, the Governor's Council on Disability would continue to be a "voice of persons with disabilities" in the Office of Administration; and

WHEREAS, the work of the Governor's Council on Disability with other state departments would be strengthened by a move to the Office of Administration; and

WHEREAS, the Missouri Assistive Technology Advisory Council is established by Chapter 191.853, RSMo; and

WHEREAS, The Missouri Assistive Technology Advisory Council supports access to adaptive devices that increase the independence and productivity of Missourians with all types of disabilities; and

WHEREAS, chapter 191.858, RSMo, requires the transfer of the Missouri Assistive Technology Advisory Council to the Office of Administration at such time when federal funds are no longer provided pursuant to the Technology-Related Assistance for Individuals with Disabilities Act.

NOW, THEREFORE, I, BOB HOLDEN, GOVERNOR OF THE STATE OF MISSOURI, by virtue of the authority vested in me by the Constitution and the Laws of the State of Missouri, do hereby order:

1. The transfer of the Governor's Council on Disability from the Department of Labor and Industrial Relations to the Office of Administration;
2. The transfer of all the authority, powers, duties, functions, records, personnel, property, contracts, budgets, matters pending, and other pertinent vestiges of the Governor's Council on Disability from the Department of Labor and Industrial Relations to the Office of Administration, by Type III transfer, as defined under the Reorganization Act of 1974.
3. The transfer of the Missouri Assistive Technology Advisory Council from the Department of Labor and Industrial Relations to the Office of Administration;

4. The transfer of all the authority, powers, duties, functions, records, personnel, property, contracts budgets matters pending, and other pertinent vestiges of the Missouri Assistive Technology Advisory Council from the Department of Labor and Industrial Relations to the Office of Administration, by Type III transfer, as defined under the Reorganization Act of 1974.

This order shall become effective no sooner than August 28, 2004, unless disapproved within sixty days of its submission to the Second Regular Session of the 92nd General Assembly.



ATTEST:

IN WITNESS WHEREOF, I have hereunto set my hand and caused to be affixed the Great Seal of the State of Missouri, in the City of Jefferson on this 3rd day of February, 2004.

A handwritten signature in cursive script, reading "Bob Holden", written over a horizontal line.

Bob Holden
Governor

A handwritten signature in cursive script, reading "Matt Blunt", written over a horizontal line.

Matt Blunt
Secretary of State

Under this heading will appear the text of proposed rules and changes. The notice of proposed rulemaking is required to contain an explanation of any new rule or any change in an existing rule and the reasons therefor. This is set out in the Purpose section with each rule. Also required is a citation to the legal authority to make rules. This appears following the text of the rule, after the word "Authority."

Entirely new rules are printed without any special symbolology under the heading of the proposed rule. If an existing rule is to be amended or rescinded, it will have a heading of proposed amendment or proposed rescission. Rules which are proposed to be amended will have new matter printed in boldface type and matter to be deleted placed in brackets.

An important function of the *Missouri Register* is to solicit and encourage public participation in the rulemaking process. The law provides that for every proposed rule, amendment or rescission there must be a notice that anyone may comment on the proposed action. This comment may take different forms.

If an agency is required by statute to hold a public hearing before making any new rules, then a Notice of Public Hearing will appear following the text of the rule. Hearing dates must be at least thirty (30) days after publication of the notice in the *Missouri Register*. If no hearing is planned or required, the agency must give a Notice to Submit Comments. This allows anyone to file statements in support of or in opposition to the proposed action with the agency within a specified time, no less than thirty (30) days after publication of the notice in the *Missouri Register*.

An agency may hold a public hearing on a rule even though not required by law to hold one. If an agency allows comments to be received following the hearing date, the close of comments date will be used as the beginning day in the ninety (90)-day-count necessary for the filing of the order of rulemaking.

If an agency decides to hold a public hearing after planning not to, it must withdraw the earlier notice and file a new notice of proposed rulemaking and schedule a hearing for a date not less than thirty (30) days from the date of publication of the new notice.

Proposed Amendment Text Reminder:

Boldface text indicates new matter.

[Bracketed text indicates matter being deleted.]

Title 10—DEPARTMENT OF NATURAL RESOURCES Division 10—Air Conservation Commission Chapter 6—Air Quality Standards, Definitions, Sampling and Reference Methods and Air Pollution Control Regulations for the Entire State of Missouri

PROPOSED RESCISSION

10 CSR 10-6.240 Asbestos Abatement Projects—Registration, Notification and Performance Requirements. This rule required asbestos abatement contractors to register with the department, to notify the department of each asbestos abatement project, to follow certain work practices, to allow the department to inspect asbestos abatement projects and to pay inspection fees. If the commission adopts this rule action, it will be submitted to the U.S. Environmental Protection Agency for removal from the Missouri State Implementation Plan. The evidence supporting the need for this proposed rulemaking is available for viewing at the Missouri

Department of Natural Resources' Air Pollution Control Program at the address and phone number listed in the Notice of Public Hearing at the end of this rule. More information concerning this rulemaking can be found at the Missouri Department of Natural Resources' Environmental Regulatory Agenda website, www.dnr.mo.gov/regs/regagenda.htm.

PURPOSE: *This regulation is proposed for rescission because it was determined to be void from inception. It is being replaced by 10 CSR 10-6.241. The new rule will require asbestos abatement contractors to register with the department, to allow the department to inspect asbestos abatement projects and to collect inspection fees. The new regulation should improve enforceability and reduce confusion. The evidence supporting the need for this proposed rulemaking, per section 536.016, RSMo, is the Cole County Circuit Court case number CV 197-985CC that found rule 10 CSR 10-6.240 void from inception.*

AUTHORITY: *section 643.050, RSMo Supp. 1992. Original rule filed Dec. 14, 1992, effective Sept. 9, 1993. Rescinded: Filed Jan. 12, 2004.*

PUBLIC COST: *This proposed rescission will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.*

PRIVATE COST: *This proposed rescission will not cost private entities more than five hundred dollars (\$500) in the aggregate.*

NOTICE OF PUBLIC HEARING AND NOTICE TO SUBMIT COMMENTS: *A public hearing on this proposed rescission will begin at 9:00 a.m., March 25, 2004. The public hearing will be held at the Days Inn, 2345 Marvel Road, Nevada, Missouri. Opportunity to be heard at the hearing shall be afforded any interested person. Written request to be heard should be submitted at least seven (7) days prior to the hearing to Director, Missouri Department of Natural Resources' Air Pollution Control Program, 205 Jefferson Street, PO Box 176, Jefferson City, MO 65102-0176, (573) 751-4817. Interested persons, whether or not heard, may submit a written statement of their views until 5:00 p.m., April 1, 2004. Written comments shall be sent to Chief, Planning Section, Missouri Department of Natural Resources' Air Pollution Control Program, 205 Jefferson Street, PO Box 176, Jefferson City, MO 65102-0176.*

Title 10—DEPARTMENT OF NATURAL RESOURCES Division 10—Air Conservation Commission Chapter 6—Air Quality Standards, Definitions, Sampling and Reference Methods and Air Pollution Control Regulations for the Entire State of Missouri

PROPOSED RULE

10 CSR 10-6.241 Asbestos Abatement Projects—Registration, Notification and Performance Requirements. If the commission adopts this rule action, it will be submitted to the U.S. Environmental Protection Agency for inclusion in the Missouri State Implementation Plan. The evidence supporting the need for this proposed rulemaking is available for viewing at the Missouri Department of Natural Resources' Air Pollution Control Program at the address and phone number listed in the Notice of Public Hearing at the end of this rule. More information concerning this rulemaking can be found at the Missouri Department of Natural Resources' Environmental Regulatory Agenda website, www.dnr.mo.gov/regs/regagenda.htm.

PURPOSE: *This rule requires asbestos abatement contractors to register with the department, to notify the department of each asbestos*

abatement project, to allow the department to inspect asbestos abatement projects and to pay inspection fees. Each person who intends to perform asbestos abatement projects in Missouri must register annually with the Missouri Department of Natural Resources, Air Pollution Control Program. Each asbestos abatement contractor must submit a notification to the appropriate agency of the department for each asbestos abatement project. Each notification for projects exceeding a certain size must be accompanied by a fee. Asbestos abatement contractors must allow representatives of the department to conduct inspections of projects and must pay inspection fees. The evidence supporting the need for this proposed rulemaking, per section 536.016, RSMo, is the decision of the Cole County Circuit Court case number CV 197-985CC that found rule 10 CSR 10-6.240 void from inception and section 643.242, RSMo that authorizes the commission to assess a fee of one hundred dollars (\$100) for each on-site inspection of asbestos abatement projects.

(1) Applicability.

(A) This rule shall apply to—

1. All persons that authorize, design, conduct and work in asbestos abatement projects; and
2. All persons that monitor air-borne asbestos and dispose of asbestos waste as a result of asbestos abatement projects.

(B) Exemptions. The department may exempt a person from registration, certification and certain notification requirements provided the person conducts asbestos abatement projects solely at the person's own place of business as part of normal operations in the facility and also is subject to the requirements and applicable standards of the United States Environmental Protection Agency (EPA) and United States Occupational Safety and Health Administration (OSHA) 29 CFR 1926.1101. This exemption shall not apply to asbestos abatement contractors, to those subject to the requirements of the Asbestos Hazard Emergency Response Act (AHERA) and to those persons who provide a service to the public in their place(s) of business as the economic foundation of the facility. These shall include, but not be limited to, child daycare centers, restaurants, nursing homes, retail outlets, medical care facilities, hotels and theaters. Business entities that have received state approved exemption status shall comply with all federal air sampling requirements for their planned renovation operations.

(2) Definitions. Definitions of certain terms specified in this rule may be found in 10 CSR 10-6.020.

(3) General Provisions.

(A) Registration.

1. Any person that conducts an asbestos abatement project shall register with the department. Business entities that qualify for exemption status from the state must reapply for exemption from registration.

2. The person shall apply for registration renewal on an annual basis, and two (2) months before the expiration date shall send the application to the department for processing.

3. Annually, the person submitting a registration application to the department shall remit a nonrefundable fee of one thousand dollars (\$1,000) to the department.

4. To determine eligibility for registration and registration renewal, the department may consider the compliance history of the applicant as well as that of all management employees and officers. The department may also consider the compliance record of any other entity of which those individuals were officers and management employees.

(B) Abatement Procedures and Practices.

1. Asbestos abatement contractors shall use only individuals that have been certified by the department in accordance with 10 CSR 10-6.250 and Chapter 643, RSMo on asbestos abatement projects.

2. At each asbestos abatement project site the person shall provide the following information for inspection by the department:

- A. Proof of current departmental registration;
- B. Proof of current departmental occupational certification for those individuals on the project;
- C. Most recent available air sampling results;
- D. Current photo identification for all applicable individuals engaged in the project; and
- E. Proof of passage of the training course for the air sampling technicians and photo identifications for air sampling technicians.

(C) Revocation of Registration. The director may deny, suspend or revoke any person's registration obtained under section (3) of this rule if the director finds the person in violation of sections 643.225–643.250, RSMo or Missouri rules 10 CSR 10-6.241 or 10 CSR 10-6.250 or any applicable federal, state or local standard for asbestos abatement projects.

(D) Any person that authorizes an asbestos abatement project, asbestos inspection or any AHERA-related work shall ensure that Missouri registered contractors and certified workers are employed, and that all post-notification procedures on the project are in compliance with this rule and 10 CSR 10-6.250 and Chapter 643, RSMo. Business entities that have exemption status from the state are exempt from using registered contractors and from post-notification requirements, when performing in-house asbestos abatement projects.

(E) Asbestos Project Notification. Any person undertaking an asbestos abatement project shall submit a notification to the department for review at least twenty (20) days prior to the start of the project. Business entities with state-approved exemption status are exempt from notification except for those projects for which the EPA's National Emission Standards for Hazardous Air Pollutants (NESHAPS) requires notification. The department may waive the twenty (20)-day review period upon request for good cause. To apply for this waiver, the person shall complete Part B, number 2 of the notification form provided by the department. After the effective date of this rule, any revision to the department-supplied forms will be presented to the regulated community for a forty-five (45)-day comment period. The person who applies for the twenty (20)-day waiver must obtain approval from the department before the project can begin.

1. The person shall submit the notification form provided by the department.

2. If an amendment to the notification is necessary, the person shall notify the department immediately by telephone or FAX. The department must receive the written amendment within five (5) working days following verbal agreement.

3. Asbestos abatement project notifications shall state actual dates and times of the project, the on-site supervisor and a description of work practices. If the person must revise the dates and times of the project, the person shall notify the department and the regional office or the appropriate local delegated enforcement agency at least twenty-four (24) hours in advance of the change by telephone or FAX and then immediately follow up with a written amendment stating the change. The department must receive the written amendment within five (5) working days of the phone or FAX message.

4. A nonrefundable notification fee of one hundred dollars (\$100) will be charged for each project constituting one hundred sixty (160) square feet, two hundred sixty (260) linear feet, or thirty-five (35) cubic feet or greater. If an asbestos abatement project is in an area regulated by an authorized local air pollution control agency, and the person is required to pay notification fees to that agency, the person is exempt from paying the state fees. Persons conducting planned renovation projects determined by the department to fall under EPA's 40 CFR part 61 subpart M must pay this fee and the inspection fees required in subsection (3)(F) of this rule.

5. Emergency project. Any person undertaking an emergency asbestos abatement project shall notify the department by telephone and must receive departmental approval of emergency status. The person must notify the department within twenty-four (24) hours of

the onset of the emergency. Business entities with state-approved exemption status are exempt from emergency notification for state-approved projects that are part of a NESHAPS planned renovation annual notification. If the emergency occurs after normal working hours or weekends, the person shall contact the Environmental Services Program. The notice shall provide—

A. A description of the nature and scope of the emergency;

B. A description of the measures immediately used to mitigate the emergency; and

C. A schedule for removal. Following the emergency notice, the person shall provide to the director a notification on the form provided by the department and the person shall submit it to the director within seven (7) days of the onset of the emergency. The amendment requirements for notification found in subsection (3)(E) of this rule are applicable to emergency projects.

(F) Inspections. There shall be a charge of one hundred dollars (\$100) per inspection for the first three (3) inspections of any asbestos abatement project. The department or the local delegated enforcement agency shall bill the person for that inspection(s) and the person shall submit the fee(s) according to the requirements of the department or of the local delegated enforcement agency.

(G) All information required under this rule must be submitted on the appropriate forms and contain accurate, legible information. Failure to provide the required information, failure to submit legible information, submission of false information or failure to provide complete information as required, shall be a violation of this rule and may result in the director's denial or revocation of the notification.

(H) Failure to comply with this rule is a violation of this rule and Chapter 643, RSMo. Compliance with this rule does not relieve the participants from compliance with any other applicable federal and state rules, laws, standards or building codes.

(4) Reporting and Record Keeping.

(A) Post-Notification.

1. Any person undertaking an asbestos abatement project that requires notification according to subsection (3)(E) of this rule, on the department-provided form shall notify the department within sixty (60) days of the completion of the project. This notice shall include a signed and dated receipt for the asbestos waste generated by the project issued by the landfill named on the notification. This notice also shall include any final clearance air monitoring results. The technician performing the analysis shall sign and date all reports of analysis.

2. Business entities are exempt from post-notification requirements, but shall keep records of waste disposal for department inspection.

(B) Additional Record Keeping. The contractor and the owner shall keep the air monitoring results for three (3) years. The person shall make the results available to representatives of the department upon request. All AHERA projects shall comply with EPA air monitoring requirements in 40 CFR part 763.

(5) Test Methods. *(Not Applicable)*

AUTHORITY: section 643.225, RSMo 2000. Original rule filed Jan. 12, 2004.

PUBLIC COST: This proposed rule will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.

PRIVATE COST: This proposed rule will cost ten thousand two hundred fifty dollars (\$10,250) in FY 2005 and the total annualized aggregate cost is twelve thousand three hundred dollars (\$12,300) in each subsequent fiscal year for the life of this rule. Note attached fiscal note for assumptions that apply.

NOTICE OF PUBLIC HEARING AND NOTICE TO SUBMIT COMMENTS: A public hearing on this proposed rule will begin at 9:00 a.m., March 25, 2004. The public hearing will be held at the Days Inn, 2345 Marvel Road, Nevada, Missouri. Opportunity to be heard at the hearing shall be afforded any interested person. Written request to be heard should be submitted at least seven (7) days prior to the hearing to Director, Missouri Department of Natural Resources' Air Pollution Control Program, 205 Jefferson Street, PO Box 176, Jefferson City, MO 65102-0176, (573) 751-4817. Interested persons, whether or not heard, may submit a written statement of their views until 5:00 p.m., April 1, 2004. Written comments shall be sent to Chief, Planning Section, Missouri Department of Natural Resources' Air Pollution Control Program, 205 Jefferson Street, PO Box 176, Jefferson City, MO 65102-0176.

**FISCAL NOTE
PRIVATE ENTITY COST****I. RULE NUMBER**Title: 10-Department of Natural ResourcesDivision: 10-Air Conservation CommissionChapter: 6-Air Quality Definitions, Sampling and Reference Methods and Air Pollution Control Regulations for the Entire StateType of Rulemaking: Proposed RuleRule Number and Name: 10 CSR 10-6.241 Asbestos Abatement Projects-Registration, Notification and Performance Requirements**II. SUMMARY OF FISCAL IMPACT**

Estimate of the number of entities by class which would likely be affected by the adoption of the proposed rule:	Classification by types of the business entities which would likely be affected:	Estimate in the aggregate as to the cost of compliance with the rule by the affected entities:
<200	Asbestos Removal Contractors	\$123,000

III. WORKSHEET

Public Entity Costs	FY2005	FY2006 – FY 2014 (yearly cost)	FY2015	Total Cost for Life of Rule
Asbestos Abatement Contractor Inspections	\$10,250	\$12,300	\$2,050	\$123,000

IV. ASSUMPTIONS

1. For the convenience of calculating this fiscal note over a reasonable time frame, the life of the rule is assumed to be ten (10) years although the duration of the rule is indefinite. If the life of the rule extends beyond ten years, the annual costs for additional years will be consistent with the assumptions used to calculate annual costs as identified in this fiscal note.
2. The number of inspections performed during calendar year 2002 is assumed to be representative of all future years. 123 were conducted during that year.
3. The cost of the inspection fees is set at \$100 each, and will not increase.
4. The FY2005 costs are for the last 10 months of the fiscal year.
5. The FY2015 costs are for the first 2 months of the fiscal year.

Title 10—DEPARTMENT OF NATURAL RESOURCES
Division 10—Air Conservation Commission
Chapter 6—Air Quality Standards, Definitions, Sampling
and Reference Methods and Air Pollution Control
Regulations for the Entire State of Missouri

PROPOSED AMENDMENT

10 CSR 10-6.250 Asbestos Abatement Projects—Certification, Accreditation and Business Exemption Requirements. The commission proposes to amend section (1); delete original sections (2) and (6); add new section (2); renumber and amend original sections (3), (4) and (5); and add new sections (4) and (5), and removing forms from the *Code of State Regulations*. If the commission adopts this rule action, it will be submitted to the U.S. Environmental Protection Agency to replace the current rule that is in the Missouri State Implementation Plan. The evidence supporting the need for this proposed rulemaking is available for viewing at the Missouri Department of Natural Resources' Air Pollution Control Program at the address and phone number listed in the Notice of Public Hearing at the end of this rule. More information concerning this rulemaking can be found at the Missouri Department of Natural Resources' Environmental Regulatory Agenda website, www.dnr.mo.gov/regs/regagenda.htm.

PURPOSE: This amendment is proposed to eliminate forms, correct references regarding OSHA and AHERA, and consolidate and reorganize the regulations into a more logical manner. The amended regulation should improve enforceability and reduce confusion. The evidence supporting the need for this proposed rulemaking, per section 536.016, RSMo, is rule comment forms that describe errors and/or seek clarification on specific issues.

(1) [Application.] **Applicability.** This rule shall apply to—

(C) Individuals who conduct [Asbestos Hazard Emergency Response Act (AHERA)] asbestos inspections and develop Asbestos Hazard Emergency Response Act (AHERA) management plans and [AHERA] project designs; and

(D) Those who provide training for individuals involved in subsections (1)(A)–(C) of this rule.

[(2) General Provisions.

(A) **Certification.** An individual must receive certification from the department before that individual participates in an asbestos abatement project operating in Missouri according to section (3). This certification is annually renewable. Certification as an AHERA inspector, AHERA management planner and AHERA project designer apply to AHERA-related projects.

(B) **Accreditation.** To be a training provider for the purposes of this rule, a school shall apply for accreditation to the department and comply with the United States Environmental Protection Agency (EPA) AHERA Model Accreditation Plan 40 CFR part 763, Appendix C, subpart E. Details of the requirements for accreditation are found in section (4).

(C) **Exemptions of Business Entities.** The department may exempt a person from registration, certification and certain notification requirements provided the person conducts asbestos abatement projects solely at the person's own place(s) of business as part of normal operations in the facility and the person is also subject to the requirements and applicable standards of the EPA and United States Occupational Safety and Health Administration (OSHA) 29 CFR 1926.58. The person shall submit an application for exemption to the department on the form found in section (6) of this rule. Details of the training and other requirements for this exemption appear in section (5). This exemption shall

not apply to asbestos abatement contractors, to those subject to the requirements of AHERA and to those persons who provide a service to the public in their place(s) of business as the economic foundation of the facility. These shall include, but not be limited to, child daycare centers, restaurants, nursing homes, retail outlets, medical care facilities, hotels and theaters. The department shall review the exemption application within one hundred eighty (180) days. State-exempted business entities shall comply with all federal air sampling requirements for planned renovation operations. Exempt business entities shall meet the air sampling requirements of this rule when not using department-approved in-house staff and when the director requires third-party air monitoring for enforcement purposes on in-house projects.]

(2) **Definitions.** Definitions of certain terms specified in this rule may be found in 10 CSR 10-6.020.

(3) [Certification.] **General Provisions.**

(A) **Certification.**

1. An individual must receive certification from the department before that individual participates in an asbestos abatement project, inspection, AHERA management plan, abatement project design, or asbestos air sampling in the state of Missouri. This certification must be renewed annually with the exception of air sampling professionals. To become certified an individual must meet the qualifications in the specialty area as defined in the EPA's AHERA Model Accreditation Plan, 40 CFR part 763, Appendix C, subpart E. The individual must successfully complete a fully-approved EPA or Missouri-accredited AHERA training course and pass the training course exam and pass the Missouri asbestos examination with a minimum score of seventy percent (70%) and submit a completed department-supplied application form to the department along with the appropriate certification fees. After the effective date of this rule, any revision to the department-supplied forms will be presented to the regulated community for a forty-five (45)-day comment period. The department shall issue a certificate to each individual that meets the requirements for the job category. [The certification application is found in section (6) of this rule. The individual annually must apply for certification renewal.]

[(B)] 2. In order to receive Missouri certification, individuals must be trained by Missouri accredited providers.

[(C)] 3. **Qualifications.** An individual shall present proof of these to the department with the application for certification. The following are the minimum qualifications for each job category:

[1.] A. An asbestos air sampling professional conducts, oversees or is responsible for air monitoring of asbestos abatement projects. Air sampling professionals must satisfy one (1) of the following qualifications for certification:

[A.] (I) Bachelor of science degree in industrial hygiene plus one (1) year of field experience. The individual must provide a copy of his/her diploma, a certified copy of his/her transcript, and documentation of one (1) year of experience;

[B.] (II) Master of science degree in industrial hygiene. The individual must provide a copy of his/her diploma and a certified copy of his/her transcript;

[C.] (III) Certification as an industrial hygienist as designated by the American Board of Industrial Hygiene. The individual must provide a copy of his/her certificate and a certified copy of his/her transcript, if applicable;

[D.] (IV) Three (3) years of practical industrial hygiene field experience including significant asbestos air monitoring and completion of a forty (40)-hour asbestos course including air monitoring instruction. At least fifty percent (50%) of the three (3)-year period must have been on projects where a degreed or certified industrial hygienist or a Missouri Certified asbestos air sampling professional was involved. The individual must provide to the department written reference by the industrial hygienist or the asbestos air

sampling professional stating the individual's performance of monitoring was acceptable and that the individual is capable of fulfilling the responsibilities associated with certification as an asbestos air sampling professional. The individual must also provide documentation of his/her experience and a copy of his/her asbestos course certificate; or

[E.] (V) Other qualifications including but not limited to an American Board of Industrial Hygiene accepted degree or a health/safety related degree combined with related experience. The individual must provide a copy of his/her diploma and/or certification, a certified copy of his/her transcript, and letters necessary to verify experience.

[2.] B. An asbestos air sampling technician is an individual who has been trained by an air sampling professional to do air monitoring and who conducts air monitoring of asbestos abatement projects. Air sampling technicians need not be certified but are required to pass a training course and have proof of passage of the course at the site along with photo identification. This course shall include:

[A.] (I) Air monitoring equipment and supplies;

[B.] (II) Experience with pump calibration and location;

[C.] (III) Record keeping of air monitoring data for asbestos abatement projects;

[D.] (IV) Applicable asbestos regulations;

[E.] (V) Visual inspection for final clearance sampling; and

[F.] (VI) A minimum of sixteen (16) hours of air monitoring field equipment training by a certified air sampling professional;

[3.] C. An *[AHERA]* asbestos inspector is an individual who, *under AHERA,* collects and assimilates information used to determine the presence and condition of asbestos-containing material in a building or other air contaminant source. An *[AHERA]* asbestos inspector must hold a diploma from a fully-approved EPA or Missouri-accredited AHERA inspector course and a high school diploma or its equivalent;

[4.] D. An AHERA asbestos management planner is an individual who, under AHERA, reviews the results of inspections, re-inspections or assessments and writes recommendations for appropriate response actions. An AHERA asbestos management planner must hold diplomas from a fully-approved EPA or Missouri-accredited AHERA inspector course and a fully approved EPA or Missouri-accredited management planner course. The individual must also hold a high school diploma or its equivalent;

[5.] E. An *[AHERA]* abatement project designer is an individual who designs or plans *[AHERA]* asbestos abatement. An *[AHERA]* abatement project designer must hold a diploma from a fully-approved EPA or Missouri-accredited project designer course, must have an engineering or industrial hygiene degree, and must have working knowledge of heating, ventilation and air conditioning systems or an *[AHERA]* abatement project designer must hold a high school diploma or its equivalent, must have a diploma from a fully-approved EPA or Missouri-accredited project designer course, and must have at least four (4) years experience in building design, heating, ventilation and air conditioning systems. The department may require individuals with professional degrees for complex asbestos abatement projects;

[6.] F. An asbestos abatement supervisor is an individual who directs, controls or supervises others in asbestos abatement projects. An asbestos abatement supervisor shall hold a diploma from a fully-approved EPA or Missouri-accredited AHERA contractor/supervisor course and have one (1) year full-time prior experience in asbestos abatement work or in general construction work; and

[7.] G. An asbestos abatement worker is an individual who engages in asbestos abatement projects. An asbestos abatement worker shall hold a diploma from a fully-approved EPA or Missouri-accredited AHERA worker training course.

[(D)](B) Recertification.

1. All inspectors, management planners, abatement project designers, supervisors and workers shall pass a *[fully-approved EPA or]* Missouri-accredited annual AHERA refresher course and

examination in their specialty area. The refresher course must be specific to the individual's initial certification and must meet the requirements of the EPA's AHERA Model Accreditation Plan 40 CFR part 763.

2. In the case of significant changes in Missouri statutes or rules the department will *[revise]* **require individuals to retake a revised version of the Missouri asbestos examination prior to being recertified.**

[(E)](C) Certification/**Recertification** Fees. The department shall assess—

1. A seventy-five dollar (\$75) application fee for each individual applying for certification except for asbestos abatement workers;

2. A twenty-five dollar (\$25) application fee for each asbestos abatement worker;

3. No application fees for asbestos air sampling technicians;

4. A twenty-five dollar (\$25) fee for each *[certification]* **Missouri asbestos** examination; and

5. A five dollar (\$5) renewal fee for each renewal certificate.

[(F)] *The department shall issue a certificate to each individual who meets the requirements for the job category. The certificate number shall start with seven (7), followed by three (3) spaces for the number of the training provider, the date of the course, MO for Missouri, the initial for the specialty area, and a unique number for the student. An example of a certificate number is as follows: 7-DOE-011890MOWR/001.]*

[(4)] (D) Accreditation of Training Programs. To be a training provider for the purposes of this rule, a person shall apply for accreditation to the department and comply with EPA's AHERA Model Accreditation Plan 40 CFR part 763, Appendix C, subpart E. Business entities that are determined by the department to fall under subsection *[(2)](C)/(3)(E)* of this rule are exempt from this section.

[(A)] 1. Training providers shall apply for approval of a training course(s) as provided in section 643.228, RSMo, on the **department-supplied** Asbestos Training Course Accreditation form *[found in section (6) of this rule]*. **After the effective date of this rule, any revision to the department-supplied forms will be presented to the regulated community for a forty-five (45)-day comment period.**

[1.] A. In addition to the written application, the training provider shall present each initial course for the department to audit. The department may deny accreditation of a course if the applicant fails to provide information required within sixty (60) days of receipt of written notice that the application is deficient. All training providers must apply for reaccreditation biennially.

[2.] B. Training providers must submit documentation that their courses meet the criteria set forth in this rule. Out-of-state providers must submit documentation of biennial audit by an accrediting agency with a written verification that Missouri rules are addressed in the audited course.

[3.] C. Providers must pay an accreditation fee of one thousand dollars (\$1,000) per course category prior to issuance or renewal of an accreditation. No person shall pay more than three thousand dollars (\$3,000) for all course categories for which accreditation is requested at the same time.

[(B)] 2. At least two (2) weeks prior to the course starting date, training providers shall notify the department of their intent to offer initial training and refresher courses. The notification shall include the course title, starting date, the location at which the course will take place and a list of the course instructors.

[(C)] 3. All training courses shall have a ratio of students to instructors in hands-on demonstrations that shall not exceed ten-to-one (10:1).

[(D)] 4. Instructor *[Q]* qualifications.

A. An individual must be Missouri-certified in a specialty area before they will be allowed to teach in that specialty area, except that instructors certified as supervisors may also instruct a worker course.

[1.] **B.** An individual with experience and education in industrial hygiene shall teach the sections of the training courses concerning the performance and evaluation of air monitoring programs and the design and implementation of respiratory protection programs. The department does not require that the instructor hold a degree in industrial hygiene, but the individual must provide documentation and written explanation of experience and training.

[2.] **C.** An individual who is a Missouri-certified supervisor, and who has sufficient training and work experience to effectively present the assigned subject matter, shall teach the hands-on training sections of all courses.

[3.] **D.** An individual who teaches the portions of the project designer's course involving heating, ventilation and air conditioning (HVAC) systems, must be a licensed architect, a licensed engineer or must provide documentation of training and at least five (5) years' experience in the field.

[(F)] **5.** The course provider must administer and monitor all course examinations. The course provider assumes responsibility for the security of exam contents and shall ensure that the participant passes the exam on his/her own merit. Minimum security measures for the written exams include ample space between participants, absence of written materials other than the examination and supervision of the exam by course provider.

[(G)] **6.** When the provider offers training on short notice, the training provider shall notify the department as soon as possible but no later than two (2) days prior to commencement of that training.

[(H)] **7.** When the provider cancels the course, the training provider should notify the department at the same time s/he notifies course participants, and shall follow up with written notification.

[(I)] **8.** When rules, policies or procedures change, the training provider must update the initial and refresher courses. The training provider must notify the department as soon as s/he makes the changes.

[(J)] **9.** The department may withdraw accreditation from providers who fail to accurately portray their Missouri accreditation in advertisements, who fail to ensure security of examinations, who fail to ensure that each student passes the exam on his/her own merit, or who issue improper certificates.

[(K)] **10.** Training course providers must notify the department of any changes in training course content or instructors. Training course providers must submit resumés of all new instructors to the department as soon as substitutions or additions are made.

[(L)] **11.** The department may revoke or suspend accreditation of any course subject to this rule if alterations in the course cause it to fail the department's accreditation criteria.

[(M)] **12.** Training providers shall have thirty (30) days to correct identified deficiencies in training course(s) before the department revokes accreditation.

[(5)] **(E) Business Exemptions.** The department may exempt a person from registration, certification and certain notification requirements provided the person conducts asbestos abatement projects solely at the person's own place(s) of business as part of normal operations in the facility and the person is also subject to the requirements and applicable standards of the EPA and United States Occupational Safety and Health Administration (OSHA) 29 CFR 1926.1101. The person shall submit an application for exemption to the department on the department-supplied form. After the effective date of this rule, any revision to the department-supplied forms will be presented to the regulated community for a forty-five (45)-day comment period. This exemption shall not apply to asbestos abatement contractors, to those subject to the requirements of AHERA and to those persons who provide a service to the public in their place(s) of business as the economic foundation of the facility. These shall include, but not be limited to, child daycare centers, restaurants, nursing homes, retail outlets, medical care facilities, hotels and theaters. The department shall review the exemption application within one hundred eighty (180) days. State-exempted business

entities shall comply with all federal air sampling requirements for planned renovation operations.

[(A)] **1.** Training [C/course R/requirements.

[1.] **A.** The person shall fill out [a] the department-supplied form [found in section (6)] describing training provided to employees and an explanation of how the training meets the applicable OSHA and EPA standards. After the effective date of this rule, any revision to the department-supplied forms will be presented to the regulated community for a forty-five (45)-day comment period.

[2.] **B.** The person shall notify the department two (2) weeks before the person conducts training programs. This notification shall include the course title, start-up date, location and course instructor(s).

[3.] **C.** If the person cancels the course, the person shall notify the department at the same time the person notifies course participants. The person shall follow up with written notification to the department.

[4.] **D.** When regulations, policies or procedures change, the person must update the initial and refresher courses. The person must notify the department as soon as the person makes the changes.

[5.] **E.** When the person conducts hands-on training, the ratio of students to instructors shall not exceed ten-to-one (10:1).

[6.] **F.** The person must allow representative(s) of the department to attend the training course for purposes of determining compliance with this rule.

[7.] **G.** Exempted persons shall submit to the director changes in curricula, instructors and other significant revisions to the training program as they occur. The person must submit resumés of all new instructors to the department as soon as substitutions or additions are made.

[8.] **H.** The department may revoke or suspend an exemption if on-site inspection indicates that the training fails the exemption requirements. These include, but are not limited to, a decrease in course length, a change in course content or use of different instructors than those indicated in the application. The department, in writing, shall notify the person responsible for the training of deficiencies. The person shall have thirty (30) days to correct the deficiencies before the department issues final written notice of exemption withdrawal.

[(B)] **2.** If the department finds an exemption application deficient, the person has sixty (60) days to correct the deficiencies. If, within sixty (60) days, the person fails to provide the department with the required information, the department may deny approval of the exemption.

[(C)] **3.** The person shall submit a fee of two hundred [and] fifty dollars (\$250) with the application for exemption. This is a non-refundable one (1)-time fee.

[(6) Appendices.

(A) Appendix A. Official Forms.

1. Certification.

2. Certification renewal.

3. Accreditation.

4. Business exemption.]

(4) Reporting and Record Keeping. (Not Applicable)

(5) Test Methods. (Not Applicable)

AUTHORITY: section 643.050, RSMo [1994] 2000. Original rule filed Dec. 14, 1992, effective Sept. 9, 1993. Emergency amendment filed July 26, 1994, effective Aug. 5, 1994, expired Dec. 2, 1994. Emergency amendment filed Nov. 15, 1994, effective Dec. 2, 1994, expired March 31, 1995. Amended: Filed Aug. 1, 1994, effective March 30, 1995. Amended: Filed Jan. 12, 2004.

PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.

PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars (\$500) in the aggregate.

NOTICE OF PUBLIC HEARING AND NOTICE TO SUBMIT COMMENTS: A public hearing on this proposed amendment will begin at 9:00 a.m., March 25, 2004. The public hearing will be held at the Days Inn, 2345 Marvel Road, Nevada, Missouri. Opportunity to be heard at the hearing shall be afforded any interested person. Written request to be heard should be submitted at least seven (7) days prior to the hearing to Director, Missouri Department of Natural Resources' Air Pollution Control Program, 205 Jefferson Street, PO Box 176, Jefferson City, MO 65102-0176, (573) 751-4817. Interested persons, whether or not heard, may submit a written statement of their views until 5:00 p.m., April 1, 2004. Written comments shall be sent to Chief, Planning Section, Missouri Department of Natural Resources' Air Pollution Control Program, 205 Jefferson Street, PO Box 176, Jefferson City, MO 65102-0176.

**Title 11—DEPARTMENT OF PUBLIC SAFETY
Division 75—Peace Officer Standards and
Training Program
Chapter 13—Peace Officer Licenses**

PROPOSED AMENDMENT

11 CSR 75-13.030 Procedure to Upgrade Peace Officer License Classification. The department is amending section (2), by deleting the word upgrade.

PURPOSE: This amendment removes the word "upgrade" in section (2). There is no longer an upgrade application.

(2) An applicant shall submit to the Director a peace officer license [upgrade] application.

AUTHORITY: section 590.030.4, RSMo Supp. [2001] 2003. Original rule filed May 1, 2002, effective Oct. 30, 2002. Amended: Filed Jan. 15, 2004.

PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.

PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars (\$500) in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with Jeremy Spratt, POST Program, Missouri Department of Public Safety, PO Box 749, Jefferson City, MO 65102. To be considered, comments must be received within thirty (30) days after publication of this notice in the *Missouri Register*. No public hearing is scheduled.

**Title 11—DEPARTMENT OF PUBLIC SAFETY
Division 75—Peace Officer Standards and
Training Program
Chapter 13—Peace Officer Licenses**

PROPOSED AMENDMENT

11 CSR 75-13.060 Veteran Peace Officer Point Scale. The department is amending paragraphs (5)(A)3. and 4. to reflect the correct number of hours.

PURPOSE: This amendment updates the hours for basic training in paragraphs (5)(A)3. and 4. because the hours for a Class B license has changed from 470 hours to 480 hours.

(5) The Director shall score each applicant according to the following point system.

(A) For basic training:

1. 120 to 179 hours, 1 point;
2. 180 to 299 hours, 3 points;
3. 300 to [469] 479 hours, 5 points;
4. [470] 480 to 599 hours, 8 points;
5. 600 hours or more, 14 points.

AUTHORITY: section 590.030.3, RSMo Supp. [2001] 2003. Original rule filed May 1, 2002, effective Oct. 30, 2002. Amended: Filed Jan. 15, 2004.

PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.

PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars (\$500) in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with Jeremy Spratt, POST Program, Missouri Department of Public Safety, PO Box 749, Jefferson City, MO 65102. To be considered, comments must be received within thirty (30) days after publication of this notice in the *Missouri Register*. No public hearing is scheduled.

**Title 11—DEPARTMENT OF PUBLIC SAFETY
Division 75—Peace Officer Standards and
Training Program
Chapter 14—Basic Training Centers**

PROPOSED AMENDMENT

11 CSR 75-14.030 Standard Basic Training Curricula and Objectives. The department is amending subsections (1)(F), (H) and (I) by changing the hour amount. The incorporated material is being updated also.

PURPOSE: This amendment changes the required amount of hours for a Class B license in subsection (1)(F). Four hundred eighty hours are now required for a Class B license because the required amount of hours in Defensive Tactics changed. This amendment also changes the required amount of hours for a Class R and Class S license in subsections (1)(H) and (I), for the extra hours required in the core curricula area of Defensive Tactics.

(1) The Peace Officer Standards and Training (POST) Commission shall develop a mandatory basic training curriculum for each class of peace officer license. The minimum number of training hours for each class of peace officer license shall be as follows:

(F) Class B. [Four hundred seventy (470)] **Four hundred eighty (480)** hours;

(H) Class R. [Two hundred eighty-one (281)] **Two hundred ninety-seven (297)** hours;

(I) Class S. [Four hundred seventy (470)] **Four hundred eighty (480)** hours.

AUTHORITY: section 590.030.1, RSMo Supp. [2002] 2003. Original rule filed May 1, 2002, effective Oct. 30, 2002. Amended: Filed April 25, 2003, effective Oct. 30, 2003. Amended: Filed Jan. 15, 2004.

PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.

PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars (\$500) in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with Jeremy Spratt, POST Program, Missouri Department of Public Safety, PO Box 749, Jefferson City, MO 65102. To be considered, comments must be received within thirty (30) days after publication of this notice in the *Missouri Register*. No public hearing is scheduled.

**Title 11—DEPARTMENT OF PUBLIC SAFETY
Division 75—Peace Officer Standards and
Training Program
Chapter 16—Peace Officer Standards and
Training Commission Fund**

PROPOSED AMENDMENT

11 CSR 75-16.010 Peace Officer Standards and Training Commission Fund. The department is amending subsection (2)(A).

PURPOSE: This amendment will allow distribution of the Peace Officer Standards and Training Commission Fund to be extended one month.

(2) The Director shall distribute monies from the POST Fund to participating counties and municipalities as follows:

(A) Distribution shall be made annually on or before ~~[September]~~ **October** 1 based on contributions made during the preceding state fiscal year;

AUTHORITY: sections 590.120, RSMo Supp. [2001] 2003 and 590.178, RSMo 2000. Original rule filed May 1, 2002, effective Oct. 30, 2002. Amended: Filed Jan. 15, 2004.

PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.

PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars (\$500) in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with Jeremy Spratt, POST Program, Missouri Department of Public Safety, PO Box 749, Jefferson City, MO 65102. To be considered, comments must be received within thirty (30) days after publication of this notice in the *Missouri Register*. No public hearing is scheduled.

**Title 13—DEPARTMENT OF SOCIAL SERVICES
Division 35—Children's Division
Chapter 80—Payment of Residential Facilities**

PROPOSED RULE

13 CSR 35-80.010 Residential Foster Care Maintenance Methodology

PURPOSE: This rule establishes a methodology for determination of the costs associated with the provision of foster care maintenance based on the statutory criteria contained in 42 U.S.C. 672/675(4)(A) and related rates for residential care agencies.

(1) Objectives. This rule establishes a methodology for determination of the costs associated with the provision of foster care maintenance based on the statutory criteria contained in 42 U.S.C. 672/675(4)(A) and related rates for residential care agencies.

(2) General Principles.

(A) Four (4) child-specific foster care maintenance rates shall be determined in accordance with section (3) Residential Foster Care Maintenance Rate Methodology.

(B) Residential child caring agencies will be required to complete a cost report detailing their most recent fiscal year's operating costs. Providers must also submit audited financial statements with their report for verification purposes.

(C) Foster care maintenance costs shall be obtained from residential care providers using the standard cost report completed in accordance with applicable instructions.

1. In order to be considered "Foster Care Maintenance," agency costs shall first meet the general definition as ascribed within federal regulation, accompanying clarification or audit finding and be allowable as defined within OMB Circular A-122, OMB Circular A-87, and the Child Welfare Policy Manual.

2. Reported agency costs shall be reasonable in nature as defined with OMB Circular A-122 and OMB Circular A-87.

3. Cost must be appropriately allocated to all benefiting programs or services offered by an agency.

4. The calculation of the foster care maintenance rate must consider any applicable credits or payments received either directly from federal or state funding sources or indirectly via contracted services or reimbursement.

(D) Statewide foster care maintenance costs shall be rebased every three (3) years.

(E) The Department of Social Services (DSS) will submit budget items for the General Assembly's consideration to revise rates in accordance with the results of the rate setting methodology. Rates will be adjusted in accordance with the Truly Agreed and Finally Passed appropriation by the General Assembly subject to veto by the Governor.

(3) Residential Foster Care Maintenance Rate Methodology. The foster care maintenance rate will contain two (2) separate components. A statewide average room and board component and a child-specific daily supervision component.

(A) Room and Board Component.

1. Because the general cost of providing room and board will not vary based on a child's identified level of care or other programmatic considerations, a core, statewide, board rate will be calculated based on the average cost of all agencies providing such services.

2. The room and board component will be calculated by dividing the total net applicable room and board related costs for all agencies by the statewide total days of residential child caring services provided.

(B) Daily Supervision Component.

1. The daily supervision component will vary based upon required staffing ratios as defined within the *Missouri Code of State Regulations* "Rules of Department of Social Services, Division 40—Division of Family Services, Chapter 71—Licensing Rules for Residential Care Agencies." This document establishes basic expectations for staff/child ratios within residential care agencies as identified within Exhibit 1, Residential Child Care Agency Staff/Child Ratios.

Exhibit 1

Category	Age	Child Awake	Child Asleep
Basic Core Requirements	Birth – 6	1:4	1:6 (staff awake)
	6 – 8	1:6	
	8 – 21	1:10	
	7 – 21		1:12 (staff asleep)
	7 – 21		1:20 (staff awake)
Infant/Toddler /Preschool	Birth – 6	1:4	1:6 (staff awake)
Residential Treatment (DFS Levels II & III)	6	1:4	1:6 (staff awake)
	7	1:6	1:6 (staff awake)
	8 – 21	1:8	1:16 (staff awake)
Intensive Residential Care (DFS Level IV)	6	1:4	1:6 (staff awake)
	7–21	1:6	1:6 (staff awake)

2. Agencies will report days by type of service provided. To determine the child-specific daily supervision portion of the rate, agencies will be classified into one of four categories based upon the average level of supervision required by children in their care. This classification will allow for adequate differentiation of cost incurred in the provision of daily supervision across each category and permit calculation of the related rate component. After categorization of agencies into each of the defined categories, the daily supervision rate will be calculated by dividing the total net applicable supervision costs for all agencies within a category by the total days of child caring services provided by those agencies.

A. Days of service provided under the basic core requirements regardless of payor source. Examples of services under this category reimbursed by DSS include the following categories:

- (I) Emergency shelter;
- (II) REHAB—RT emergency crisis intervention;
- (III) Maternity care; and
- (IV) Maternity care with infant.

B. Days of service provided under the infant/toddler/preschool requirements regardless of payor source. Examples of services under this category reimbursed by DSS include the following contract categories:

- (I) Infant care; and
- (II) Toddler care.

C. Days of service provided under residential treatment requirements regardless of payor source. Examples of services under this category reimbursed by DSS include the following contract categories:

- (I) Moderate need (Level II);
- (II) REHAB—RT moderate need (Level II);
- (III) Severe need (Level III);
- (IV) REHAB—RT severe need (Level III); and
- (V) Family focused residential services.

D. Days of services provided under intensive residential care requirements regardless of payor source. Examples of services under this category reimbursed by DSS include the following contract categories:

- (I) Intensive need (Level IV); and
- (II) REHAB—RT intensive need (Level IV).

(4) Inflation/Trend Factor Adjustments.

(A) For the purpose of establishing base year costs, the room and board component will be adjusted based on the change in the USDA Expenditures on Children by Families. For State Fiscal Year 2004, this amount would be two and seventy-five hundredths percent

(2.75%). The child-specific daily supervision component will be adjusted by the percentage COLA (cost of living adjustment) provided to state employees. For State Fiscal Year 2004, this amount would be one and thirty-five hundredths percent (1.35%).

(B) For the purpose of interim inflation/trend factor adjustments until rates are rebased, the department will submit budget items for the General Assembly's consideration to revise rates in accordance with the results of the rate setting methodology. Rates will be adjusted in accordance with the Truly Agreed and Finally Passed appropriation by the General Assembly subject to veto by the Governor.

AUTHORITY: section 207.020, RSMo 2000. Emergency rule filed Jan. 16, 2004, effective Jan. 26, 2004, expires July 23, 2004. Original rule filed Jan. 16, 2004.

PUBLIC COST: This proposed rule will have an impact greater than five hundred dollars (\$500) on public entities. A fiscal note is attached.

PRIVATE COST: This proposed rule will not cost private entities more than five hundred dollars (\$500) in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed rule with the Children's Division, 615 Howerton Court, Jefferson City, MO 65102. To be considered, comments must be received within thirty (30) days after publication of this notice in the Missouri Register. No public hearing is scheduled.

**FISCAL NOTE
PUBLIC COST**

I. RULE NUMBER

Rule Number and Name:	13 CSR 35-80.010 – Residential Foster Care Maintenance Methodology
Type of Rulemaking:	Proposed Rule

II. SUMMARY OF FISCAL IMPACT

Affected Agency or Political Subdivision	Estimated Cost of Compliance in the Aggregate
Dept. of Social Services, Children's Division	\$165,000

III. WORKSHEET

IV. ASSUMPTIONS

The Department of Social Services went through a bid process and awarded a contract for development, training and implementation of the Residential Foster Care Maintenance Methodology. The contracted price for this service is \$165,000.

Title 13—DEPARTMENT OF SOCIAL SERVICES
Division 35—Children's Division
Chapter 80—Payment of Residential Facilities

PROPOSED RULE

13 CSR 35-80.020 Residential Care Agency Cost Reporting System

PURPOSE: This rule establishes a uniform cost reporting system to be used in reporting actual cost incurred in the operation of residential care agencies. The uniform cost reporting system provides the data necessary for the determination of the costs and rates associated with the provision of foster care maintenance.

(1) Objectives. This rule establishes a uniform cost reporting system to be used in reporting actual cost incurred in the operation of residential care agencies. The Residential Care Agency Cost Report included is one part of the two (2)-part process set forth by the State of Missouri Department of Social Services in fulfilling the requirements for identifying foster care maintenance related expenditures within residential care agencies. The other part of the process involves participation in either a time study or random moment sample to determine the portion of time direct care staff spend performing foster care maintenance related activities.

(2) General Cost Reporting Principles. Residential Care Agency Cost Report line specific reporting instructions are included as an appendix to this rule included herein. The cost report must include all costs incurred by the residential care agency. Costs included in the report can be grouped/categorized in several different ways and are subject to certain guidelines or requirements:

(A) Costs directly attributable to a function or activity may be charged in their entirety to that function or activity. Example: A staff person working in a single function or activity may have one hundred percent (100%) of their time charged to that function or activity.

(B) Costs not attributable to a single function or activity must be distributed based on an appropriate allocation methodology. Example: A staff person who spends a portion of their time working for several different functions or activities should have their related cost allocated across each program by some substantially documented methodology.

(C) Some staff will have their associated cost allocated through the application of activity-based time study or random moment sample (RMS) results: All agency staff responsible for the provision of direct daily supervision of children on a regular basis will be included in the activity based allocation time study process. Those staff that should NOT participate in the time study include:

1. Agency administration. It should be noted that, in some agencies, an agency administrator might perform a significant amount of direct care of residents. In these instances, the individual should participate in the time study process.

2. Staff involved in the provision of a single function such as the provision of counseling or therapy; medical service; food preparation; cleaning; or facility maintenance.

(D) Costs are either considered allowable or unallowable, based on federal definitions and guidelines, for inclusion in the calculation of the residential foster care maintenance rate.

(E) Costs must be net of applicable credits when determining the portion attributable to the residential foster care maintenance rate. Any credits to reported costs will be applied as a function of the rate calculation process. Examples of applicable credits may include, but are not limited to:

1. IV-E training payments;
2. USDA reimbursements;

3. Payments from school districts or the Department of Elementary and Secondary Education for the provision of educational services;

4. Reimbursements from the Department of Social Services (DSS), the Department of Mental Health (DMH) or other third party payors that offset reported costs such as, including but not limited to:

A. Reimbursements for the development of the initial treatment plan, quarterly updates to the initial treatment plan and other treatment planning services reimbursed by others;

B. Reimbursements for day treatment; and

C. Reimbursements for counseling or other therapeutic services.

5. Reimbursements for medical and behavioral health services covered by the state's Medicaid State Plan (either directly or indirectly through MC+ Plans) including, but not limited to:

A. Physician's services;

B. Pharmacy-related services;

C. Psychology and counseling services; and

D. Targeted case management.

6. Other reimbursement from Medicaid or the MC+ plans for the provision of other medically necessary services.

7. Reimbursements for medical and behavioral health services covered by other third party payors.

(3) Explanation of Common Terms. To facilitate the completion of the cost report cost-related terms used throughout the instructions are defined, and a brief explanation of their application is given.

(A) Reported Costs. For a cost to be included on the cost report it must meet the following general criteria:

1. Be reasonable for the performance of the activities of the agency;

2. Be accorded consistent treatment; and

3. Be adequately documented.

(B) Reasonable. A cost is reasonable if, in its nature or amount, it does not exceed that which would be incurred by a prudent person under the circumstances prevailing at the time the decision was made to incur the costs. Reasonable costs are further defined in OMB Circular OMB A-87.

(C) Allowable. Allowable costs are those costs that are generally considered eligible for federal reimbursement based on the cost principles established in federal transmittals such as OMB Circular A-87 or A-122. Appendix A gives a list of items that are generally considered to be allowable. This is not an all-inclusive list and other costs not listed may be allowable. Although a cost may be considered ineligible for inclusion in the foster care maintenance rate based upon federal rules, regulations, or guidelines. (See "Eligible Cost")

(D) Unallowable. A cost is unallowable for reimbursement under, or claim to, any federal program based on established cost principles. Appendix A includes a list of items considered to be unallowable. All costs should be included on the cost report. Costs that are not allowable based on the federal guidelines should be placed in the "Unallowable" column on the cost report.

(E) Administrative Cost. Refers to those costs related to general operation and management of an agency or to those costs incurred in the support of multiple agency functions or programs. Examples of administrative costs include, but are not limited to:

1. Executive direction and supervision;

2. Bookkeeping and fiscal management;

3. Secretarial and clerical support;

4. Physical plant management;

5. Staff training (unless clearly related to a primary activity area); and

6. Related occupancy costs.

(F) Allocation Methodology. Documentation and/or description of the procedures/methods used to distribute costs to programs and to the direct service categories on the cost report. In general, costs should be allocated across the cost report's direct service categories/activities if there is a clear delineation and documentation for

the allocation. Documentation must be maintained recording the methodology and detailing the specific calculation used to distribute costs. The use of estimates not based on a statistically sound methodology is unacceptable.

(G) **Applicable Credits.** The term applicable credits refers to those receipts, or reduction of expenditures which operate to offset or reduce expense items that are allocable to awards as direct or indirect costs. Typical examples of such transactions are: purchase discounts, rebates or allowances, recoveries or indemnities on losses, insurance refunds, and adjustments of overpayments or erroneous charges. To the extent that such credits accruing or received by the organization relate to allowable cost, they shall be credited to the federal government either as a cost reduction or cash refund, as appropriate. In some instances, the amounts received from the federal government to finance organizational activities or service operations should be treated as applicable credits. Specifically, the concept of netting such credit items against related expenditures should be applied by the organization in determining the rates or amounts to be charged to federal awards for services rendered whenever the facilities or other resources used in providing such services have been financed directly, in whole or in part, by federal funds. For rules covering program income (i.e., gross income earned from federally-supported activities) see Sec. 24 of Office of Management and Budget (OMB) Circular A-110, "Uniform Administrative Requirements for Grants and Agreements with Institutions of Higher Education, Hospitals, and Other Non-Profit Organizations."

(H) **Random Moment Sample (RMS)/Time Study:** A time study or RMS is a statistically based process to gather information from direct service child care staff members on how they spend their time. The information collected will be used for distributing the cost of direct staff among various activities. The results of this study are used to determine the portion of the direct service providers cost related to foster care maintenance.

(I) **Eligible Cost.** For the purpose of determining the residential foster care maintenance rate, only those costs incurred in the provision of the following items/activities will be considered. The federal Department of Health and Human Services, Administration for Children and Families has published guidance in this regard in the *Child Welfare Policy Manual* Section 8.3.B.1. In general, this includes the cost of, and the cost of providing, the following:

1. Food;
2. Clothing;
3. Shelter;
4. Daily supervision;
5. School supplies;
6. Personal incidentals;
7. Liability insurance with respect to the child care;
8. Reasonable travel for the child for visitation as defined within the *Child Welfare Policy Manual*; and
9. Related administrative costs.

(4) **Entities Covered by the Cost Report.** The Missouri Residential Care Agency Cost Report is to be used in reporting actual costs incurred in the operation of residential care licensed under the Department of Social Services, Division 40—Division of Family Services, Chapter 71—Licensing Rules for Residential Care Agencies. Each cost report establishes the portion of that agency's cost attributable to the provision of foster care maintenance. Information from all reporting agencies will be used, in aggregate, to establish foster care maintenance rates for each of the following four (4) categories based upon Missouri licensing rules for residential care agencies:

- (A) Basic Core Requirements;
- (B) Infant/Toddler/Preschool;
- (C) Residential treatment (DFS Levels II and III); and
- (D) Intensive Residential Care (DFS Level IV).

(5) **Reporting Period and Filing Requirements.**

(A) The cost report must reflect actual audited costs incurred in the provision of residential child care and related services by an agency for the most recent fiscal year.

(B) An initial cost report for the twelve (12) months which ended December 31, 2003 must be submitted by March 31, 2004.

(C) An annual cost report for fiscal years ending after December 31, 2003 must be submitted within ninety (90) days of the close of the fiscal year.

(D) Audited financial statements must be submitted with cost reports.

(6) **Record Retention.** Records used in support of costs reported on the cost report must be retained for a minimum of three (3) years from the end of the rate year for which the report is applicable. Records include, but are not limited to, financial, programmatic, statistical, recipient records, and supporting documentation. If any litigation, administrative review, claim, negotiation, audit, or other action involving the records has been started before the expiration of the three (3)-year period, the records shall be retained until completion of the action and resolution of all issues which arise from it, or until the end of the regular three (3)-year period, whichever is later. As part of the residential foster care maintenance rate calculation process, the state and/or its contracted representative may conduct reviews of the financial and programmatic information used as the basis for completion of an agency's cost report. After completion of any such review, a written report will be completed addressing whether reported costs are adequately supported, allocated appropriately, and reasonable in nature. Documentation created while completing the cost report should be maintained recording the compilation of costs included in the report, and any methodologies or calculations used in the allocation of costs.

PUBLISHER'S NOTE: The forms, which are "included herein" as a part of this rule, are published in the emergency rules section of this issue of the Missouri Register (29 MoReg 274-301).

AUTHORITY: section 207.020, RSMo 2000. Emergency rule filed Jan. 16, 2004, effective Jan. 26, 2004, expires July 23, 2004. Original rule filed Jan. 16, 2004.

PUBLIC COST: This proposed rule will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.

PRIVATE COST: This proposed rule will cost private entities more than five hundred dollars (\$500) in the aggregate. A fiscal note is attached.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed rule with the Children's Division, 615 Howerton Court, Jefferson City, MO 65102. To be considered, comments must be received within thirty (30) days after publication of this notice in the Missouri Register. No public hearing is scheduled.

**FISCAL NOTE
PRIVATE COST****I. RULE NUMBER**

Rule Number and Name:	13 CSR 35-80.020 – Residential Care Agency Reporting System
Type of Rulemaking:	Proposed Rule

II. SUMMARY OF FISCAL IMPACT

Estimate of the number of entities by class which would likely be affected by the adoption of the proposed rule:	Classification by types of the business entities which would likely be affected:	Estimate in the aggregate as to the cost of compliance with the rule by the affected entities:
150	Residential Care Agencies	\$150,000

III. WORKSHEET**IV. ASSUMPTIONS**

This rule will require 150 Residential Care Agencies to file an annual cost report. The estimated \$1,000 cost for completion of the report will be considered in rates established for the Residential Care Agencies.

**Title 13—DEPARTMENT OF SOCIAL SERVICES
Division 70—Division of Medical Services
Chapter 90—Home Health Program**

PROPOSED AMENDMENT

13 CSR 70-90.010 Home Health-Care Services. The Department of Social Services is amending section (7).

PURPOSE: This amendment will allow home health agencies to submit their claims electronically in addition to paper submittal and incorporates reference to portions of the home health provider manual for the criteria for development of required documentation.

PUBLISHER'S NOTE: The secretary of state has determined that the publication of the entire text of the material which is incorporated by reference as a portion of this rule would be unduly cumbersome or expensive. Therefore, the material which is so incorporated is on file with the agency who filed this rule, and with the Office of the Secretary of State. Any interested person may view this material at either agency's headquarters or the same will be made available at the Office of the Secretary of State at a cost not to exceed actual cost of copy reproduction. The entire text of the rule is printed here. This note refers only to the incorporated by reference material.

(7) To be reimbursed by Medicaid, all home health services and supplies must be provided in accordance with a written plan of care authorized by the recipient's physician. *[The plan of care must document the need for services and specify the amount, frequency and duration of need for each service and item of supply to be delivered. It also must contain a physician's signed and dated certification of the patient's need for home health services. This certification shall be for a specified period of time not to exceed two (2) calendar months or sixty-two (62) days. A plan of care for any certification period must be signed and dated by the attending physician either within the certification dates or no earlier than ten (10) days before the beginning of the certification period. All plans of care must be signed and dated by the physician before a claim is submitted for payment. All changes to the services ordered must be documented by an interim order signed by the physician and submitted with the claim for services and the plan of care.]* The criteria for the development of the written plan of care and changes to the written plan of care through interim order(s) are described in Sections 13.14C, 13.14D, 14.2, 14.3, 14.4, and 14.5 of the home health provider manual, which are incorporated by reference in this rule and available through the Department of Social Services, Division of Medical Services website at www.dss.mo.gov/dms. Paper copies of plans of care and interim orders must be submitted with paper claims. Information from the plan of care and interim order(s) must be included in the appropriate data fields when the provider is submitting an electronic claim. Plans of care and interim order(s) are to be maintained in the client record.

AUTHORITY: sections 208.153], *RSMo Supp. 1991]* and 208.201, *RSMo [Supp. 1987] 2000*. This rule was previously filed as 13 CSR 40-81.056. Original rule filed April 14, 1982, effective July 11, 1982. For intervening history, please consult the *Code of State Regulations*. Amended: Filed Jan. 15, 2004.

PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.

PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars (\$500) in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the Department of Social Services, Division of Medical Services, 615 Howerton Court, Jefferson City, MO 65109. To be considered, comments must be received within thirty (30) days after publication of this notice in the *Missouri Register*. If to be hand-delivered, comments must be brought to the Division of Medical Services at 615 Howerton Court, Jefferson City, Missouri. No public hearing is scheduled.

**Title 13—DEPARTMENT OF SOCIAL SERVICES
Division 70—Division of Medical Services
Chapter 91—Personal Care Program**

PROPOSED AMENDMENT

13 CSR 70-91.010 Personal Care Program. The Division of Medical Services is amending sections (1), (3), (4), (5), (6), and (7).

PURPOSE: This proposed amendment replaces several references to the Division of Aging with references to the Department of Health and Senior Services; the amendment addresses the name changes of the Department of Health and Senior Services and the Division of Senior Services and Regulation and the transfer of the former Division of Aging to the Department of Health and Senior Services; this amendment adds two (2) training exclusions; this amendment changes the definition of a unit of service as a result of implementation of standardized code sets required by the Health Insurance Portability and Accountability Act of 1996.

(1) Persons Eligible for Personal Care Services. Any person who is determined eligible by the *[Division of Family Services] Family Support Division* for Title XIX benefits and is found to be in medical need of personal care services as an alternative to institutional care. Persons must be assessed, approved and case managed by *[Division of Aging] the Department of Health and Senior Services or its designee* as described in this rule, to be eligible for personal care services. Eligibility procedures for personal care services are as follows:

(A) *[Recommendations] Requirements* for Personal Care Services.

1. The recipient must need an institutional level of care which is defined as twenty-four (24)-hour institutional care on an inpatient or residential basis in a hospital or nursing facility (NF) and approved by the *[Division of Aging] Department of Health and Senior Services or its designee*.

2. Level of care will be determined by *[Division of Aging] the Department of Health and Senior Services or its designee*.

3. The recipient must agree to an in-home assessment *[as]* performed by *[Division of Aging staff] the Department of Health and Senior Services or its designee* of his/her physical, social and functional ability to benefit from personal care services;

(B) Obtaining Personal Care Services.

1. If the recipient meets all of the eligibility and assessment criteria, the *[Division of Aging staff] Department of Health and Senior Services or its designee* will develop an initial personal care plan to authorize personal care services on a scheduled basis to eligible recipients in their own homes or licensed Residential Care Facility I or II as an alternative to twenty-four (24)-hour institutional care on an inpatient or residential basis in a hospital or NF. The *[Division of Aging] Department of Health and Senior Services or its designee* will forward a copy of the personal care plan to the client's attending physician and to the personal care provider who will be delivering care. Upon the receipt of the personal care plan, the provider of care must initiate care within seven (7) days of receipt and the physician must register any comments or requests for changes, within thirty (30) days of receipt or the personal care plan

will stand as written by the *[Division of Aging]* **Department of Health and Senior Services or its designee**.

2. The personal care plan will be developed in collaboration with and signed by the recipient. The plan will include a list of tasks to be performed, weekly schedule of service delivery, and the maximum number of units of service for which the recipient is eligible per month.

3. A new in-home assessment and personal care plan may be completed by the *[Division of Aging]* **Department of Health and Senior Services or its designee** as needed to redetermine need for personal care services or to adjust the monthly amount of authorized units. In collaboration with the service recipient, the service agency may develop a new or revised set of personal care tasks, and weekly schedule of service delivery which shall be forwarded to the *[Division of Aging]* **Department of Health and Senior Services or its designee**. The service provider must always have, and provide services in accordance with, a current service plan. Only the *[Division of Aging]* **Department of Health and Senior Services or its designee**, not the service provider, may increase the maximum number of units for which the individual is eligible per month. Any service plan developed in accordance with paragraphs (1)(B)2. and 3. is a state approved service plan.

4. The recipient will be informed of the option of services available to him/her in accordance with the level-of-care determination and assessment findings;

(C) Discontinuing Personal Care Services. The following policies and procedures for discontinuing personal care services shall be followed:

1. Services for a client shall be discontinued by a provider agency under the following circumstances:

A. When the client's case is closed by the *[state agency]* **Department of Health and Senior Services or its designee**;

B. When the provider learns of circumstances that require the closure of a case for reasons including, but not limited to: death; entry into a nursing home; or the client no longer needs services. In these circumstances, the provider shall notify the *[state agency case manager]* **Department of Health and Senior Services or its designee** in writing and request that the client's services be discontinued;

C. When the client is noncompliant with the agreed upon plan of care. Noncompliance requires persistent actions by the client or family which negate the services provided by the agency. After all alternatives have been explored and exhausted, the provider shall notify the *[state agency case manager]* **Department of Health and Senior Services or its designee** in writing of the noncompliant acts and request that the client's services be discontinued;

D. When the client or client's family threatens or abuses the personal care aide or other agency staff to the point where the staff's welfare is in jeopardy and corrective action has failed. The provider shall notify the *[state agency case manager]* **Department of Health and Senior Services or its designee** of the threatening or abusive acts and may request that the service authorization be discontinued;

E. When a provider is unable to continue to meet the maintenance needs of a client. In these circumstances, the provider shall notify the *[state agency case manager]* **Department of Health and Senior Services or its designee** in writing and request that the client's services be discontinued; or

F. When a provider is unable to continue to meet the maintenance needs of a client whose plan of care requires advanced personal care services. In these circumstances the provider shall provide written notice of discharge to the client or client's family and the *[state agency case manager]* **Department of Health and Senior Services or its designee** at least twenty-one (21) days prior to the date of discharge. During this twenty-one (21)-day period, the *[state agency case manager]* **Department of Health and Senior Services or its designee** shall assist in making appropriate arrangements with the client for transfer to another agency, institutional

placement, or other appropriate care. Regardless of circumstances, the personal care provider must continue to provide care in accordance with the plan of care for these twenty-one (21) days or until alternate arrangements can be made by the *[case manager]* **Department of Health and Senior Services or its designee**, whichever comes first; and

2. Discontinuing services for a client still in need of assistance shall occur only after appropriate conferences with the *[state agency case manager]* **Department of Health and Senior Services or its designee**, client and client's family.

(3) Criteria for Providers of Personal Care Services.

(A) The provider of personal care services must have a valid participation agreement with the state Medicaid agency. The issuance of the participation agreement is dependent upon the Department of Social Services' acceptance of an application for enrollment. The provider must submit to the Department of *[Social Services]* **Health and Senior Services, Division of [Aging] Senior Services and Regulation**, the written proposal required to become a Title XX in-home services provider and be approved to provide Title XX in-home services. Once approved to provide Title XX in-home services by the Division of *[Aging] Senior Services and Regulation*, the provider will be allowed to execute a Title XIX participation agreement with the Division of Medical Services. Thereafter, a provider is not required to actually accept or deliver services to clients who are authorized for both programs or to clients who are authorized for Title XX services only. For residential care facilities that wish to provide services only to the eligible residents of their own facility, only the verification of a state residential care facility license will be required for the Medicaid enrollment application. Providers must maintain their approval to participate as a Title XX provider, whether or not they actually serve Title XX eligible clients, in order to remain qualified to participate in the Title XIX (Medicaid) Personal Care Program.

(B) The providers must agree to comply with any evaluation conducted by the Departments of Social Services and **Health and Senior Services**. *[In circumstances in which t/*The Division of *[Aging] Senior Services and Regulation may, in accordance with the protective service mandate (Chapter 660, RSMo), [has/* take/n/ action to protect clients from providers who are found to be out of compliance with the requirements of its regulations and of any other regulations applicable to the Personal Care Program, when such noncompliance is determined by the Division of *[Aging] Senior Services and Regulation* to create a risk of injury or harm to clients. Evidence of such risk may include: unreliable or inadequate provider documentation of services or training due to falsification or fraud; the provider's failure to deliver services in a reliable and dependable manner; or use of personal care aides who do not meet the minimum training standards of this regulation. Immediate action by the Division of *[Aging] Senior Services and Regulation* may include, but is not limited to:

1. Removing the provider from any list of providers, and for clients who request the unsafe and noncompliant provider, informing the clients of the determination of noncompliance after which any informed choice will be honored by the *[Division of Aging]* **Department of Health and Senior Services or its designee**; or

2. Informing current clients served by the provider of the provider's noncompliance and that the Division of *[Aging] Senior Services and Regulation* has determined the provider unable to deliver safe care. Such clients will be allowed to choose a different provider from the list maintained by the *[Division of Aging]* **Department of Health and Senior Services or its designee** which will then be immediately authorized to provide service to them.

(D) The provider agency must monitor the overall physical care needs of the service recipient. If the client's condition warrants, contact the client's physician and inform the *[Division of Aging]* **Department of Health and Senior Services or its designee** when additional *[Division of Aging]* case management activities by the

Department of Health and Senior Services or its designee are required.

(E) For newly employed aides, the provider agency must, at a minimum, provide twenty (20) hours of orientation training.

1. In calculating these hours, the following requirements shall apply:

A. At least two (2) hours orientation to the provider agency and the agency's protocols for handling emergencies, within thirty (30) days of employment;

B. With eight (8) hours of classroom training being completed prior to client contact;

C. Twelve (12) hours of orientation may be waived with adequate documentation in the employee's records that the aide received similar training during the current or preceding state fiscal year or has been employed as an aide at an in-home or home health agency at least half-time for six (6) months or more within the current or preceding state fiscal year;

D. If an aide is a certified nurse assistant, licensed practical nurse, or registered nurse, the provider agency may waive all orientation training, except the two (2) hours' provider agency orientation, with documentation placed in the aide's personnel record. The documentation shall include the employee's license or certification number current at the time the training was waived.

2. An additional ten (10) hours of in-service training annually are required after the first twelve (12) months of employment. **At least six (6) of the required ten (10) hours shall be classroom instruction. The additional four (4) hours may be via any appropriate training method. The provider may waive the required annual ten (10) hours of in-service training and require only two (2) hours of refresher training annually, when the aide has been employed for three (3) years and has completed thirty (30) hours of in-service training.**

3. Personal care aides employed by an RCF II are exempt from the training requirements defined in paragraphs (3)(E)1. and 2. of this rule if they have completed the training requirements described in subdivisions (9) and (10) of subsection 3 of section 198.073, RSMo [Supp. 1999] 2000.

4. The provider agency shall have written documentation of all basic and in-service training provided which includes, at a minimum, a report of each employee's training in that employee's personnel record. The report shall document the dates of all classroom or on-the-job training, trainer's name, topics, number of hours and location, the date of the first client contact and shall include the aide's signature. If a provider waives any in-service training, the employee's training record shall contain supportive data for the waiver.

(F) The requirements that have been adopted by the Division of *[Aging] Senior Services and Regulation* at *[13] 19 CSR 15-7.021(18)(A) through (R) and (18)(U) through (W)* shall apply to all providers of personal care services and advanced personal care services.

(H) The supervisor's responsibilities shall include, at a minimum, the following:

1. Establish, implement, and enforce a policy governing communicable diseases that prohibits provider staff contact with clients when the employee has a communicable condition, including colds or flu. Assure that reporting requirements governing communicable diseases, including hepatitis and tuberculosis, as set by the Missouri Department of Health and Senior Services (19 CSR 20-20.020), are carried out;

2. Monitor the provision of services by the personal care worker to assure that services are being delivered in accordance with the personal care plan. This shall be primarily in the form of an at least monthly review and comparison of the worker's records of provided services with the personal care plan. The monitoring reports shall be available for review by the Departments of Social Services and **Health and Senior Services** upon request. Documentation must be kept on clients with a delivery rate of less than eighty percent (80%) of the authorized units of in-home service. For each client with a

delivery rate less than eighty percent (80%) of the number of units of in-home services authorized for the time period being reviewed, the number of units of service delivered and *[nondelivered code]* **the reason(s) for nondelivered services** will be sent to the *[Division of Aging regional manager]* **Department of Health and Senior Services** monthly. Discrepancies for these clients concerning the frequency of delivered services and/or the in-home service tasks delivered, **and** the corrective action taken, will be signed and dated by the supervisor and be readily available for monitoring or inspection;

3. Make an on-site visit at least annually to evaluate each personal care worker's performance and the adequacy of the service plan, including review of the plan of care with the recipient. The personal care worker must be present for this evaluation. A written record of the evaluation shall be maintained in the personnel file of the personal care worker. This record must contain, at a minimum, the service recipient's name and address; the date and time of the visit, personal care worker's name and observations of both the personal care worker's performance and the adequacy of the service plan. In addition, the evaluation shall be signed and dated by the supervisor who prepared it and by the personal care worker. If the required evaluation is not performed or not documented, the personal care worker's qualifications to provide the services may be presumed inadequate and all payments made for services by that personal care worker may be recouped. Unless, medically, the recipient's condition supports a visit or all recipients have been visited, a service recipient shall not receive more than one (1) combined on-site supervisory visit and RN on-site visit as specified in paragraph (3)(J)1. per state fiscal year;

4. Approve, in advance, all changes to the plan of care based on supervisory on-site visits, information from the personal care worker, or observation by the RN, or a combination of these. Approval of changes shall be noted and dated in the service recipient's file;

5. Make appropriate recommendations to the *[Division of Aging worker]* **Department of Health and Senior Services or its designee** including **proposed** increase, reduction or termination of services; or need for increased *[Division of Aging]* **Department of Health and Senior Services** case management involvement based on supervisory on-site visits, review of reports, information from the personal care worker, observation by the RN~~/,~~ or a combination of these;

6. Be available for regular case conferences with the *[Division of Aging case manager]* **Department of Health and Senior Services or its designee**; and

7. Assist in orientation and personal care training for personal care workers.

(4) Reimbursement.

(A) Payment will be made in accordance with the fee per unit of service as defined and determined by the Division of Medical Services.

1. A unit of service is *[one (1) hour]* **fifteen (15) minutes.**

2. Documentation for services delivered by the provider must include the following:

A. The recipient's name and Medicaid number;

B. The date of service;

C. The time spent providing the service which must be documented in one of the following manners:

(I) When personal care aide is providing services to one (1) individual in a private home setting and devotes undivided attention to the care required by that individual, the actual clock time the aide began the services for that visit is the start time, and the actual clock time the aide finished the care for the visit is the stop time; and

(II) When the personal care services are provided in a congregate living setting, such as a Residential Care Facility I and II, when on-site supervision is available and personal care aide staff will divide their time among a number of individuals, the following must be documented: all tasks performed for each recipient by date of services and by staff shifts during each twenty-four (24)-hour period;

D. A description of the service;

E. The name of the personal care aide who provided the service; and

F. For each date of service: the signature of the recipient, or the mark of the recipient witnessed by at least one (1) person, or the signature of another responsible person present in the recipient's home or licensed Residential Care Facility I or II at the time of service. "Responsible person" may include the personal care aide's supervisor, if the supervisor is present in the home at the time of service delivery. The personal care aide may only sign on behalf of the recipient when the recipient is unable to sign and there is no other responsible person present.

3. A provider may not bill time spent in the delivery of service of less than one (1) unit of service for any recipient. However, time spent in the delivery of service of less than one (1) full *[hour]* unit for any recipient may be accrued by the provider to establish a unit of service. In no event may time spent in the delivery of service be accrued beyond the last day of the calendar month in which such services were rendered.

4. The fee per unit of service will be based on the determination by the state agency of the reasonable cost of providing the covered services on a statewide basis and within the mandatory maximum payment limitations.

(5) Advanced personal care services are maintenance services provided to a recipient in the individual's home to assist with activities of daily living when this assistance requires devices and procedures related to altered body functions.

(A) Persons Eligible for Advanced Personal Care Services. Any person who is determined eligible for Title XIX benefits from the *[Division of Family Services]* **Family Support Division**, found to be in need of personal care services as an alternative to institutional care as specified in section (1) of this rule, and who requires devices and procedures related to altered body functions is eligible for advanced personal care services.

(B) The following activities constitute advanced personal care services and shall be provided according to the plan of care:

1. Routine personal care of persons with ostomies (including tracheostomies, gastrostomies, colostomies all with well-healed stoma) which includes changing bags, and soap and water hygiene around ostomy site;

2. Personal care of persons with external, indwelling and suprapubic catheters which include/s/ changing bags, and soap and water hygiene around site;

3. Removal of external catheters, inspect skin and reapply catheter;

4. Administration of prescribed bowel programs, including use of suppositories and sphincter stimulation per protocol and enemas (prepacked only) with clients without contraindicating rectal or intestinal conditions;

5. Application of medicated (prescription) lotions, ointments or dry, aseptic dressings to unbroken skin including stage I *decubitus*;

6. Application of aseptic dressings to superficial skin breaks or abrasions as directed by a licensed nurse;

7. Manual assistance with noninjectable medications as set up by a licensed nurse;

8. Passive range of motion (nonresistive flexion of joint within normal range) delivered in accordance with the care plan; and

9. Use of assistive device for transfers.

(C) Instruction and encouragement to the client in ways to become more self-sufficient in advanced personal care may be a component of all tasks as described above/./; **however, instruction and encouragement** in and of themselves *[and]* do not constitute a task.

(D) Advanced Personal Care Plans. Plans of care which include advanced personal care services must be developed by the provider agency RN in collaboration with state agency staff **or its designee**.

(E) Criteria for Providers of Advanced Personal Care Services. Providers of advanced personal care must meet all criteria for

providers of personal care services described in section (3) of this rule. Providers must sign an addendum to their Title XIX Personal Care Provider Agreement, and must possess a valid contract with the *[Department of Social Services]* **Department of Health and Senior Services, Division of *[Aging]* Senior Services and Regulation** to provide Title XX services including advanced personal care services. Residential care facilities wishing to provide advanced personal care services to the eligible residents of their own facility only may do so with only a signed addendum to their Title XIX Personal Care Provider Agreement.

1. All advanced personal care aides employed by the provider must be an LPN, or a certified nurse assistant; or a competency evaluated home health aide having completed both written and demonstration portions of the test required by the Missouri Department of Health and Senior Services and 42 CFR 484.36; or have successfully worked for the provider for a minimum of three (3) consecutive months while working at least fifteen (15) hours per week as an in-home aide that has received personal care training. In addition, advanced personal care aides may not be related to the recipient to whom they provide personal care, as defined in paragraph (3)(K)4. of this rule.

2. Personal care providers are required to provide training to advanced personal care aides, in addition to the preservice training requirements described in section (3) of this rule. The additional training shall consist of eight (8) classroom hours and must be completed prior to the provision of any advanced personal care tasks. Providers may waive this eight (8) hours of training if **one of the following are met:**

A. */t/*The proposed advanced personal care (APC) aide is an LPN or certified nurse assistant (CNA) currently licensed or registered in the state of Missouri/./; or

B. The proposed advanced personal care aide has previously completed advanced personal care training from a Medicaid or Social Services Block Grant (SSBG) in-home provider agency, and that same personal care aide has been employed at least half-time by a Medicaid or SSBG in-home provider agency as an advanced personal care aide within the prior six (6) months.

3. Advanced personal care aides employed by an RCF II are exempt from the training requirements defined in paragraphs (5)(E)1. and 2. of this rule if they have completed the training requirements described in subdivisions (9) and (10) of subsection 3 of section 198.073, RSMo *[Supp. 1999]* **2000, as amended.**

4. The additional advanced personal care training must include, at a minimum, the following topics:

A. Observation of the client and reporting observation;

B. Application of ointments/lotions to unbroken skin;

C. Manual assistance with oral medications;

D. Prevention of *decubiti*;

E. Bowel routines (rectal suppositories, sphincter stimulation);

F. Enemas;

G. Personal care for persons with ostomies and catheters;

H. Proper cleaning of catheter bags;

I. Positioning and support of the client;

J. Range of motion exercises;

K. Application of nonsterile dressings to superficial skin breaks; and

L. Universal precaution procedures as defined by the Center for Disease Control.

5. Advanced personal care tasks as specified at (5)(B)1. through 9. shall not be assigned to or performed by any advanced personal care aide who is not a licensed nurse until the aide has been fully trained to perform the task, the RN supervisor has personally observed successful execution of the task and the RN supervisor has personally certified this in the aide's personnel record. Only RN visits necessary for task observation and certification in the home may be prior authorized and billed to Medicaid as an authorized nurse

visit, as described in section (6) of this rule. RN task observation and certification in a laboratory, or other non-home setting, may not be billed.

6. The RN supervisor may observe the execution of any of the tasks in a recipient's home. However, tasks specified in paragraphs (5)(B)1., 2., 3., 4., and 9. must be observed in the home, while those specified in paragraphs (5)(B)5., 6., 7., and 8. may be observed in either a home or lab setting.

7. For clients receiving advanced personal care services, it is required that on-site RN visits be conducted at intervals of no greater than six (6) months. During these visits, the RN must conduct and contemporaneously record and certify by his/her signature an individualized valuation of the client's condition and the adequacy of the service plan.

(F) Reimbursement.

1. Payment for advanced personal care services will be made in accordance with the fee per unit of service as defined and determined by the Division of Medical Services. The fee per unit (*[hour] fifteen (15) minutes*) of service will be based on the determination of the state agency of the reasonable cost of providing the covered services on a statewide basis and within the mandatory maximum payment limitations.

2. Conditions for reimbursement.

A. An advanced personal care plan is required. It is to be developed by *[state agency staff]* the **Department of Health and Senior Services or its designee** in cooperation with the provider agency's RN. The provider agency is responsible for obtaining the recipient's physician's approval for the plan.

B. The total monthly payment for advanced personal care services as described in this section and for personal care services as described in sections (1)–(7) of this rule made in behalf of an individual cannot exceed one hundred percent (100%) of the average statewide monthly cost for care in an NF as defined in 13 CSR 70-10.010(4)(Q) (excluding ICFs/MR).

C. The average monthly cost to the state for care in an NF, as defined in 13 CSR 70-10.010(4)(Q) (excluding ICF/MR), will be established in the month of May of each state fiscal year which will become effective on July 1 of the following state fiscal year.

D. Payment will be made on the lower of the established rate per service unit or the provider's billed charges.

3. Rates will be established for personal care services in private homes and in licensed Residential Care Facilities I and II.

(6) Separately Authorized Nurses Visits.

(A) The provisions of paragraphs (3)(J)1. and (3)(H)3. notwithstanding, reimbursement will be made for visits by a nurse to particular clients with special needs, when the visits are prior authorized by the *[Division of Aging]* **Department of Health and Senior Services or its designee**. Providers of personal care services must have the capacity to provide these authorized nurse visits in addition to the nonauthorized nurse visits required by subsection (3)(J); however, any client who receives an authorized nurse visit in one (1) month shall not be included in the population from which the ten percent (10%) sample for that month's supervisory visits is drawn in accordance with paragraph (3)(J)1. Anytime an authorized nurse visit is made, the nurse shall also, in addition to other duties, evaluate the adequacy of the plan of care, including a review of the plan of care with the recipient.

(B) To be eligible to receive the authorized nurse visit, the recipient must—

1. Be determined eligible for Title XIX benefits from the *[Division of Family Services]* **Family Support Division** and found to be in need of personal care services as an alternative to institutional care as specified in section (1) of this rule;

2. Have no other person available who could and would provide the services;

3. Require one (1) or more of the services described in subsection (6)(D) as an alternative to institutionalized care; and

4. Meet any additional criteria of need set forth in subsection (6)(D).

(D) The services of the nurse shall provide increased supervision of the aide, assessment of the client's health and the suitability of the care plan to meet the client's needs. These services also shall include any referral or follow-up action indicated by the nurse's assessment. These services, in addition, must include one (1) or more of the following where appropriate to the needs of the client and authorized by the *[Division of Aging]* **Department of Health and Senior Services or its designee**:

1. The RN may fill a one (1)-week supply of insulin syringes for diabetics who can self-inject the medication but cannot fill their own syringe. This service would include monitoring the patient's continued ability to self-administer the insulin;

2. The RN may set up oral medications in divided daily compartments for a client who self-administers prescribed medications but needs assistance and monitoring due to a minimal level of disorientation or confusion;

3. The RN may monitor a recipient's skin condition when a client is at risk of skin breakdown due to immobility, incontinency, or both;

4. The RN may provide nail care for a diabetic or client with other medically contraindicating conditions, if the recipient is unable to perform this task;

5. The RN will be authorized to visit all personal care recipients who also receive advanced personal care as described in section (4) of this rule, on a monthly basis, to evaluate the adequacy of the authorized services to meet the needs and conditions of the client, and to assess the advanced personal care aide's ability to carry out the authorized services;

6. The RN may provide on-the-job training to advanced personal care aides as described in paragraph *[(4)(C)4]* **(3)(E)6.** of this rule;

7. The visits authorized under section (6) except (6)(D)6. may be carried out by an LPN, if under the direction of an RN; or

8. The RN may be authorized to provide other services in other situations, subject to the conditions set forth in subsection (6)(C).

(E) Payment for the authorized nurse visit will be made in accordance with the fee per unit of service as defined and determined by the Division of Medical Services.

1. A unit of service is the visit. No minimum or maximum time is required to constitute a visit.

2. The maximum number of units which a client can receive is twenty-six (26) within a six (6)-month period of time. The cost of the nurse visits~~/,~~ are not included in the spending cap set forth in paragraph (4)(B)2. but must be included in the spending cap specified at subparagraph (5)(F)2.B.

[(7) In accordance with the specific provisions of this rule for assessment, determination and management of level-of-care need and the delivery of personal care services and, as limited to and in accordance with, the terms of an interagency agreement between the Missouri Department of Health and the Missouri Department of Social Services, Division of Medical Services under which personal care services are provided on and after July 1, 1989, as a state plan service to certain recipient victims of acquired immunodeficiency syndrome (AIDS), AIDS-related complex (ARC) and human immunodeficiency virus (HIV)-related illnesses, the role and function of the Division of Aging shall be assumed by the Department of Health and its contract service coordination staff.]

AUTHORITY: sections 208.152, 208.153 and 208.201, RSMo 2000. This rule was previously filed as 13 CSR 40-81.125. Original rule filed April 14, 1982, effective July 11, 1982. For intervening history, please consult the Code of State Regulations. Amended: Filed Jan. 15, 2004.

PUBLIC COST: This proposed amendment will cost the Department of Social Services, Division of Medical Services six hundred nine thousand, one hundred seventy-two dollars (\$609,172) in the aggregate.

PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars (\$500) in the aggregate.

*NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the Department of Social Services, Division of Medical Services, 615 Howerton Court, Jefferson City, MO 65109. To be considered, comments must be received within thirty (30) days after publication of this notice in the **Missouri Register**. If to be hand-delivered, comments must be brought to the Division of Medical Services at 615 Howerton Court, Jefferson City, Missouri. No public hearing is scheduled.*

FISCAL NOTE

PUBLIC COST

I. RULE NUMBER

Rule Number and Name:	13 CSR 70-91.010 Personal Care Program
Type of Rulemaking	Proposed Amendment

II. SUMMARY OF FISCAL IMPACT

Affected Agency or Political Subdivision	Estimated Cost of Compliance in the Aggregate
Department of Social Services	\$609,172

III. WORKSHEET

See Attachments

IV. ASSUMPTIONS

- The Health Insurance Portability and Accountability Act of 1996 mandated the use of standardized code sets, requiring Medicaid personal care services to be billed in 15-minute units.
- Currently hourly reimbursement rates are not equally divisible by four (4); therefore, reimbursement rates were rounded up.
- Providers will now be reimbursed for each 15-minute unit provided, rather than each 1-hour unit.
- Billing in 15-minute units creates the potential of additional services being billed each month. The Division of Medical Services projects that telephony providers' billing could increase as follows:

0 additional units would be billed on 25% of the clients each month,
1 additional unit would be billed on 25% of the clients each month,
2 additional units would be billed on 25% of the clients each month, and
3 additional units would be billed on 25% of the clients each month.

[illegible]

Procedure Code and Current Unit Cost	Cost in CY 2002	# of 1 Hour Units	15 min. unit cost X # of units (rate increased)	Cost	Cost Increase
Personal Care, \$13.71/hour	\$99,528,859	7,259,581	\$3.43 x 7,259,581 x 4 (\$13.72/hour)	\$99,601,451	\$72,592
Advanced Personal Care, \$17.75/hour	\$6,884,532	387,861	\$4.44 x 387,861 x 4 (\$17.76/hour)	\$6,888,411	\$3,879
Personal Care in RCF, \$13.14/hour	\$28,147,135	2,142,096	\$3.29 x 2,142,096 x 4 (\$13.16/hour)	\$28,189,983	\$42,848
Advanced Personal Care in RCF, \$15.18/hour	\$33,525	2,209	\$3.80 x 2,209 x 4 (\$15.20/hour)	\$33,577	\$52
TOTALS	\$134,594,051			\$134,713,422	\$119,371

Clients: served in same time period (numbers of clients in RCFs not included, as RCFs historically bill more units than authorized;
increase in billed units due to accrual policy not anticipated):

Personal Care — 7,334
 25% - 1834
 25% - 1834 x 3.43 x 12 x 1 75,487
 25% - 1833 x 3.43 x 12 x 2 150,893
 25% - 1833 x 3.43 x 12 x 3 226,339
 Total 452,719

Advanced Personal Care - 465
 25% - 117
 25% - 116 x 4.44 x 12 x 1 6,180
 25% - 116 x 4.44 x 12 x 2 12,361
 25% - 116 x 4.44 x 12 x 3 18,541
 Total 37,082

Title 13—DEPARTMENT OF SOCIAL SERVICES
Division 70—Division of Medical Services
Chapter 91—Personal Care Program

PROPOSED AMENDMENT

13 CSR 70-91.030 Personal Care Assistance. The Division of Medical Services is amending the Purpose statement and sections (2), (3), and (4).

PURPOSE: This proposed amendment updates the name of the Division of Senior Services and Regulation; updates the references to regulations promulgated by the Department of Elementary and Secondary Education, Division of Vocational Rehabilitation; defines a unit of service as a result of implementation of standardized code sets required by the Health Insurance Portability and Accountability Act of 1996; and revises the Purpose statement of the program rule to indicate the program is administered according to 13 CSR 70-91.030 and 5 CSR 90-7.010–5 CSR 90-7.320.

PURPOSE: This rule revises an existing program, known as Personal Care Assistance, administered by the Division of Vocational Rehabilitation to permit Medicaid reimbursement for PCA services to persons who are Medicaid eligible and also meet PCA eligibility. This program will be administered according to this rule and 5 CSR 90-7.010–5 CSR 90-7.320.

(2) Medicaid-eligible persons who do not meet criteria for PCA as defined in 178.662, RSMo shall be referred to the Division of *[Aging] Senior Services and Regulation* for assessment for personal care under 13 CSR 70-91.010.

(3) Criteria for Providers: Providers of PCA must—

(B) Have a valid contract with the Division of Vocational Rehabilitation (DVR) as an independent living center. The contract with DVR certifies the center is capable of providing the following services:

1. Client assessment and evaluation by a team which includes an independent living specialist, physical or occupational therapist, and a registered nurse;
2. The personal care assistance plan developed by the assessment team will be made available for review by the client's physician;
3. Maintenance of a list of qualified personal care attendants available for selection by the client; and
4. Training the client in recruitment and training of attendants as specified in 5 CSR 90-*[9.010]***7.200**.

(4) Reimbursement.

(D) One (1) hour of service equals *[one (1)]* **four (4) fifteen (15)-minute** units.

AUTHORITY: sections 208.153 and 208.201, RSMo [1994] 2000. Emergency rule filed Oct. 3, 1994, effective Nov. 1, 1994, expired Jan. 29, 1995. Original rule filed Oct. 28, 1994, effective June 30, 1995. Amended: Filed March 2, 1998, effective Sept. 30, 1998. Amended: Filed Jan. 15, 2004.

PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.

PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars (\$500) in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the Department of Social Services, Division of Medical Services, 615 Howerton Court, Jefferson City, MO 65109. To be considered, com-

ments must be received within thirty (30) days after publication of this notice in the *Missouri Register*. If to be hand-delivered, comments must be brought to the Division of Medical Services at 615 Howerton Court, Jefferson City, Missouri. No public hearing is scheduled.

Title 13—DEPARTMENT OF SOCIAL SERVICES
Division 70— Division of Medical Services
Chapter 95—Private Duty Nursing Care Under the
Healthy Children and Youth Program

PROPOSED AMENDMENT

13 CSR 70-95.010 Private Duty Nursing. The Division of Medical Services is amending sections (2), (6), (8) and (9) and deleting the forms that follow the rule in the *Code of State Regulations*.

PURPOSE: This amendment corrects the name of the Department of Health and Senior Services, changes the definition of a unit of service, and corrects reimbursement information.

(2) Persons Eligible for Private Duty Nursing Care. Medicaid-eligible children under the age of twenty-one (21) may be eligible for private duty nursing care under the Healthy Children and Youth Program (HCY) when there is a medical need for a constant level of care, exceeding the family's ability to independently care for the child at home on a long-term basis without the assistance of at least a four (4)-hour shift of home nursing care per day. Private duty nursing services for children are prior authorized by the Bureau of Special Health Care Needs of the Department of Health and Senior Services.

(6) Requirements for Training for Private Duty Staff.

(B) Prior to delivering services *[for the first time for each child they are assigned to care for]*, LPNs must demonstrate competency in each task required by the plan of care. The competency demonstration must be conducted by an RN and must be documented in the LPN's personnel file.

(8) Requirements for the Contents of Medical Records. Appropriate medical records for each Medicaid recipient served must be maintained at the private duty nursing agency. Records should be kept confidential and access should be limited to private duty nursing staff and representatives of the Departments of Social Services and Health and Senior Services.

(9) Reimbursement.

(A) Payment will be made in accordance with the fee per unit of service as defined and determined by the Division of Medical Services.

1. A unit of service is *[one (1) hour]* **fifteen (15) minutes**.

[2. A separate fee per unit of service will be established for the services of the RN or LPN.]

[3.] 2. The fee per unit of service will be based on the determination by the state agency of the reasonable cost of providing the covered services on a statewide basis and within the mandatory maximum payment limitations.

[4.] 3. Payment will be made on the lower of the established rate per service unit or the provider's billed charges. The charge billed to Medicaid may not be more than a provider's ordinary charge to the general public for the same services.

AUTHORITY: sections 208.152, [RSMo Supp. 1993,] 208.153, [RSMo Supp. 1991] and 208.201, RSMo [Supp. 1987] 2000. Original rule filed Sept. 2, 1993, effective April 9, 1994. Amended: Filed April 4, 1994, effective Oct. 30, 1994. Amended: Filed Jan. 15, 2004.

PUBLIC COST: *This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.*

PRIVATE COST: *This proposed amendment will not cost private entities more than five hundred dollars (\$500) in the aggregate.*

NOTICE TO SUBMIT COMMENTS: *Anyone may file a statement in support of or in opposition to this proposed amendment with the Department of Social Services, Division of Medical Services, 615 Howerton Court, Jefferson City, MO 65109. To be considered, comments must be received within thirty (30) days after publication of this notice in the Missouri Register. If to be hand-delivered, comments must be brought to the Division of Medical Services at 615 Howerton Court, Jefferson City, Missouri. No public hearing is scheduled.*

**Title 13—DEPARTMENT OF SOCIAL SERVICES
Division 70—Division of Medical Services
Chapter 98—Psychiatric/Counseling/Clinical Social Work
Program**

PROPOSED RULE

13 CSR 70-98.020 Prior Authorization Process for Non-pharmaceutical Mental Health Services

PURPOSE: *This rule establishes the process by which non-pharmaceutical mental health services will be prior authorized in order to be reimbursable by the Missouri Medicaid Program. The prior authorization process will serve as a utilization management measure allowing payment only for this treatment and services (interventions) that are medically necessary, appropriate and cost-effective, and to reduce over-utilization or abuse of services without compromising the quality of care to Missouri Medicaid recipients.*

PUBLISHER'S NOTE: *The secretary of state has determined that the publication of the entire text of the material which is incorporated by reference as a portion of this rule would be unduly cumbersome or expensive. Therefore, the material which is so incorporated is on file with the agency who filed this rule, and with the Office of the Secretary of State. Any interested person may view this material at either agency's headquarters or the same will be made available at the Office of the Secretary of State at a cost not to exceed actual cost of copy reproduction. The entire text of the rule is printed here. This note refers only to the incorporated by reference material.*

(1) This rule establishes a Medicaid non-pharmaceutical mental health services prior authorization committee in the Department of Social Services, Division of Medical Services. The committee shall be composed of practicing clinicians who are also licensed in their respective fields. The committee shall be composed of three (3) practicing psychiatrists, three (3) practicing psychologists, three (3) practicing social workers, and three (3) practicing counselors. All members shall be appointed by the director of the Department of Social Services. The members shall serve for a term of four (4) years, except that of the members first appointed, three (3) shall be appointed for one (1) year, three (3) shall be appointed for two (2) years, three (3) shall be appointed for three (3) years, and three (3) shall be appointed for four (4) years. Members of the committee shall receive no compensation for their services but shall be reimbursed for their actual and necessary expenses incurred related to participation on the committee, as approved by the Division of Medical Services out of appropriations made for that purpose.

(2) All persons eligible for medical assistance benefits shall have access to non-pharmaceutical mental health services when they are

determined medically necessary when using diagnostic criteria from the Diagnostic and Statistical Manual of Mental Disorders—Fourth Edition (DSM-IV), published by the American Psychiatric Association, or the most currently published version of the DSM manual. The services covered and not covered, the limitations under which services are covered, and the maximum allowable fees for all covered services shall be determined by the Division of Medical Services and shall be included in the Medicaid Psychology/Counseling Provider Manual and Section 13 of the Physician Provider Manual, which are incorporated by reference in this rule and available through the Department of Social Services, Division of Medical Services website at www.dss.mo.gov/dms. The Medicaid non-pharmaceutical mental health services prior authorization committee shall develop the prior authorization process. The Medicaid non-pharmaceutical mental health services prior authorization committee shall hold a public hearing in order to make recommendations to the department prior to any final decisions by the division on the prior authorization process. The recommendations of the non-pharmaceutical mental health services prior authorization committee shall be provided to the Division of Medical Services, in writing, prior to the division making a final determination. The policy requirements regarding the prior authorization process for non-pharmaceutical mental health services shall be available through the Department of Social Services, Division of Medical Services website at www.dss.mo.gov/dms.

(3) The prior authorization requirements shall be reviewed at least every twelve (12) months by the non-pharmaceutical mental health services prior authorization committee.

(4) The prior authorization process will not apply to emergency and inpatient hospital interventions.

(5) The prior authorization process will not apply to the first four (4) visits to receive non-pharmaceutical mental health interventions. A visit is defined as four (4) dates of service.

AUTHORITY: *section 208.201, RSMo 2000. Original rule filed Jan. 15, 2004.*

PUBLIC COST: *This proposed rule will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.*

PRIVATE COST: *This proposed rule will not cost private entities more than five hundred dollars (\$500) in the aggregate.*

NOTICE TO SUBMIT COMMENTS: *Anyone may file a statement in support of or in opposition to this proposed rule with the Department of Social Services, Division of Medical Services, 615 Howerton Court, Jefferson City, MO 65109. To be considered, comments must be received with thirty (30) days after publication of this notice in the Missouri Register. If to be hand-delivered, comment must be brought to the Division of Medical Services at 615 Howerton Court, Jefferson City, Missouri. No public hearing is scheduled.*

**Title 19—DEPARTMENT OF HEALTH AND SENIOR
SERVICES
Division 25—Division of Administration
Chapter 30—Determination of Blood Alcohol by Blood,
Breath, Saliva and Urine Analysis; and Determination
for the Presence of Drugs in Blood and Urine**

PROPOSED AMENDMENT

19 CSR 25-30.051 Standard Simulator Solutions. The department is adding a new subsection (3)(D).

PURPOSE: *This amendment expands the list of standard simulator solutions to be used in verifying and calibrating breath analyzers to include those offered by an additional supplier.*

(3) Approved suppliers of standard simulator solutions are:

(D) **Draeger Safety, Inc.**

Durango, CO 81303-7911

AUTHORITY: *sections 192.006 and 577.026, RSMo [1994] 2000 and 577.020 and 577.037, RSMo Supp. [1997] 2003. Emergency rule filed Aug. 22, 1997, effective Sept. 1, 1997, expired Feb. 27, 1998. Original rule filed Aug. 25, 1997, effective Feb. 28, 1998. Emergency rescission and emergency rule filed April 17, 1998, effective May 4, 1998, expired Oct. 30, 1998. Rescinded and readopted: Filed May 1, 1998, effective Oct. 30, 1998. Amended: Filed Jan. 15, 2004.*

PUBLIC COST: *This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars (\$500).*

PRIVATE COST: *This proposed amendment will not cost private entities more than five hundred dollars (\$500) in the aggregate.*

NOTICE TO SUBMIT COMMENTS: *Anyone may file a statement in support of or in opposition to this proposed amendment with Larry Evert, Director, State Public Health Laboratory, PO Box 570, 307 W. McCarty, Jefferson City, MO 65102, Phone (573) 751-4437. To be considered, comments must be received within thirty (30) days after publication of this notice in the Missouri Register. No public hearing is scheduled.*

**Title 20—DEPARTMENT OF INSURANCE
Division 400—Life, Annuities and Health
Chapter 7—Health Maintenance Organizations**

PROPOSED AMENDMENT

20 CSR 400-7.095 HMO Access Plans. The director is amending sections (1), (2) and (4) as well as parts of Exhibit B.

PURPOSE: *This amendment clarifies some of the definitions and accreditation criteria used in determining whether an HMO's access plan is acceptable.*

(1) Definitions.

(H) Hospitals—

1. Basic—Hospitals *[with central services, dietary services, emergency services, medical records, nursing services, pathology and medical laboratory services, pharmaceutical services, radiology services, social work services and an inpatient care unit.]* that meet any of the following criteria:

A. Are licensed as general acute care hospitals, excluding hospitals that treat only children and hospitals that are not available to the general population, such as Veterans Health Administration facilities;

B. Are state-owned hospitals that provide general medical-surgical care and are available to the general population, such as a university teaching institution; and

C. Are located in an adjacent state, appropriately licensed by that state, and offering general medical-surgical care to the general population.

2. Secondary—Basic *[H/hospitals with [all of the facilities listed under "Basic," plus] one (1) or more operating rooms, obstetrics unit, and intensive care unit.*

(O) Specialist—A licensed health care *[provider] professional* whose area of specialization is in an area other than general medicine, family medicine or general internal medicine. A professional whose area of specialization is pediatrics, obstetrics and/or gynecology may be either a PCP or a specialist within the meaning of this rule.

(2) Requirements for Filing Access Plans.

(A) Annual filing—By March 1 of each year, an HMO must file an access plan for each managed care plan it was offering in this state on January 1 of that same year. An HMO may file separate access plans for each managed care plan it offers, or it may file a consolidated access plan incorporating information for multiple managed care plans that it offers, so long as the information submitted with the consolidated access plan clearly identifies the managed care plan or plans to which it applies. The access plan must contain the following information for each managed care plan to which it applies:

1. Pursuant to section 354.603.2(1), RSMo, either:

A. Information regarding the participating providers in each managed care plan's network and the enrollees covered by each managed care plan in a format to be determined by the Department of Insurance including, but not limited to, the following:

(I) The name, address where medical care is provided, zip code, professional license number or other unique identifier as assigned by the appropriate licensing or oversight agency, and specialty, degree or type of each provider;

(II) Whether or not the provider is a closed practice provider, as defined in subsection (1)(C) of this regulation, above; and

(III) The number of enrollees by either work or residence zip code in each managed care plan to which the access plan applies; or

B. *[A] Proof of accreditation identifying the accredited entity and an affidavit in the form contained in Exhibit B, which is included herein, certifying that the managed care plan to which the affidavit applies has met one (1) or more of the following standards:*

(I) The managed care plan is a Medicare+Choice coordinated care plan operated by the HMO pursuant to a contract with the federal Centers for Medicare and Medicaid Services;

(II) The managed care plan is accredited by the National Committee for Quality Assurance (NCQA) at a level of "accredited" or better, and such accreditation is in effect at the time the access plan is filed;

(III) The managed care plan's network is accredited by the Joint Commission on the Accreditation of Healthcare Organizations (JCAHO) at a level of *["accreditation without type I recommendations"] "accredited"* or better, and such accreditation is in effect at the time the access plan is filed. **The presence of Type I recommendations for standards related to access to care shall prevent JCAHO accreditation from fulfilling the requirements of this part. The department shall annually review current JCAHO requirements and notify, through annual written instruction, all HMOs of the specific JCAHO standards that address access to care;**

(IV) The managed care plan is accredited by the *[American Accreditation Healthcare Commission (URAC)] utilization review accreditation commission (URAC), or successor organizations*, at a level of full URAC Health Plan accreditation, and such accreditation is in effect at the time the access plan is filed; or

(V) The managed care plan or its network is accredited by any other nationally recognized managed care accrediting organization, similar to those above, that is approved by the Department of Insurance prior to the filing of the access plan, and such accreditation is in effect at the time the access plan is filed. Requests for

approval of another nationally recognized managed care accrediting organization must be submitted to the department no later than October 15 of the year prior to the year the access plan is filed.

2. Pursuant to section 354.603.2(2) through (8), RSMo, a written description with any relevant supporting documentation addressing each of the requirements set forth in the statute.

3. Pursuant to section 354.603.2(9), RSMo, the following information:

A. For all managed care plans, information demonstrating that:

(I) Emergency medical services—A written triage, treatment and transfer protocol for all ambulance services and hospitals is in place;

(II) Home health providers—Home health providers are contracted to serve enrollees in each county where enrollment is reported. A home health provider need not be physically located or headquartered in each county. However, there must be at least one (1) home health provider under contract to serve enrollees in each county if the need arose; and

(III) Administrative measures are in place which ensure enrollees timely access to appointments with the medical providers listed in Exhibit A, based on the following guidelines:

(a) Routine care, without symptoms—within thirty (30) days from the time the enrollee contacts the provider;

(b) Routine care, with symptoms—within one (1) week or five (5) business days from the time the enrollee contacts the provider;

(c) Urgent care for illnesses/injuries which require care immediately, but which do not constitute emergencies as defined by section 354.600, RSMo—within twenty-four (24) hours from the time the enrollee contacts the provider;

(d) Emergency care—a provider or emergency care facility shall be available twenty-four (24) hours per day, seven (7) days per week for enrollees who require emergency care as defined by section 354.600, RSMo;

(e) Obstetrical care—within one (1) week for enrollees in the first or second trimester of pregnancy; within three (3) days for enrollees in the third trimester. Emergency obstetrical care is subject to the same standards as emergency care, except that an obstetrician must be available twenty-four (24) hours per day, seven (7) days per week for enrollees who require emergency obstetrical care; and

(f) Mental health care—Telephone access to a licensed therapist shall be available twenty-four (24) hours per day, seven (7) days per week./;

B. For all managed care plans, a section demonstrating that the entire network is available to all enrollees of a managed care plan, including reference to contracts or evidences of coverage that clearly state the entire network is available and describing any network management practices that affect enrollees' access to all participating providers;

C. For employer specific networks, a section demonstrating that the group contract holder agreed in writing to the different or reduced network. An employer specific network is subject to the standards in this rule;

D. For all managed care plans, a listing of the product names used to market those plans; *[and]*

E. For all managed care plans, written policies and procedures to assure that, with regard to providers not addressed in Exhibit A of this regulation, access to providers is reasonable. The policies and procedures must show that the HMO will provide out-of-network access at no greater cost to the enrollee than for access to in-network providers if access to in-network providers cannot be assured without unreasonable delay; and

[E.] F. Any other information the director may require.

(4) Approval or Disapproval of Access Plans.

(A) For a managed care plan for which network and enrollee information is submitted pursuant to the provisions of (2)(A)1.A. above, the department will:

1. Approve the access plan or portion of a consolidated access plan that applies to that managed care plan when the enrollee access rate across the entire network (all counties, all provider types) for that managed care plan is ninety percent (90%) or better, and the average enrollee access rate in each county in an HMO's approved service area for that managed care plan is ninety percent (90%) or better, and the information submitted pursuant to the provisions of (2)(A)2. and 3., above, is satisfactory;

2. Conditionally approve the access plan or portion of a consolidated access plan that applies to that managed care plan when the enrollee access rate across the entire network (all counties, all provider types) for that managed care plan is ninety percent (90%) or better, but the average enrollee access rate in any county for that managed care plan is less than ninety percent (90%), and the information submitted pursuant to the provisions of (2)(A)2. and 3., above, is satisfactory. If an access plan or portion of an access plan is conditionally approved, the department *[will]* may require the HMO to present an action plan for increasing the enrollee access rate for that managed care plan's network to ninety percent (90%) or better in those counties where this standard is not met; or

3. Disapprove the access plan or portion of a consolidated access plan that applies to that managed care plan when the enrollee access rate across the entire network (all counties, all provider types) for that managed care plan is less than ninety percent (90%) and/or the information submitted pursuant to the provisions of (2)(A)2. and 3., above, is unsatisfactory. Disapproval of the access plan or portion of the access plan will subject the HMO and its managed care plan to the enforcement mechanisms described in section (5), below, of this regulation.

(C) Approval of an access plan or portion of an access plan is subject to the following:

1. Approval of an access plan shall not remove any HMO's obligations to provide adequate access to care as expressed in this regulation or in *[Exhibit A]* section 354.603, RSMo. In any case where a managed care plan's network has an insufficient number or type of participating providers to provide a covered benefit, the HMO shall ensure that the enrollee obtains the covered benefit at no greater cost than if the benefit was obtained from a participating provider, or shall make other arrangements acceptable to the director. This may include, but is not limited to, the following:

A. With regard to the types of providers listed in Exhibit A and only those types of providers, allowing an enrollee access to a nonparticipating provider at no additional cost when no participating provider of that same type is within the distance standard prescribed by Exhibit A; and

B. With regard to *[the services listed in (2)(A)3.A.(III), above,]* types of providers listed in Exhibit A and only those types of providers, allowing an enrollee access to a nonparticipating provider at no additional cost when no participating provider is available to provide the service within the time prescribed in (2)(A)3.A.(III), above, for timely access to appointments; and

C. With regard to medical providers not expressly stated in Exhibit A, all HMOs must assure that access to providers is reasonable. Reasonableness of access to a provider shall be based on the clinical facts of the enrollee's situation and on the general availability, regardless of participation status, of appropriate providers within the applicable community. If reasonable access to a provider can only be achieved by allowing the enrollee to access a nonparticipating provider, then the HMO must permit access to a nonparticipating provider. In this situation, access to the nonparticipating provider shall be at no greater cost to the member than if the benefit was obtained from a participating provider. No HMO shall cause access to providers to be unreasonable by requiring enrollees to use participating providers only;

2. If there is no participating provider in a managed care plan's network with the appropriate training and experience to meet the particular health care needs of an enrollee, the HMO shall make arrangements with an appropriate nonparticipating provider, pursuant to a treatment plan developed in consultation with the primary care provider, the nonparticipating provider and the enrollee or enrollee's designee, at no additional cost to the enrollee beyond what the enrollee would otherwise pay for services received within the network.

Exhibit B

AFFIDAVIT PURSUANT TO 20 CSR 400-7.095(2)(A)1.B.

State of _____)
)
County of _____)

ss.

_____, first being duly sworn, on his/her oath states:

(Insert Name)
He/she is the _____ of _____,
(Insert Title of Individual) (Insert Name of HMO)
a(n) _____ corporation, and as such officer is duly authorized to make this affidavit
(Insert State of Incorporation)
on behalf of said corporation;

The managed care plan to which this affidavit applies is known by the product name(s):

(Insert Product Name(s) used by the HMO for this Managed Care Plan; if none, so state)

The form number(s) of the health benefit plan for this managed care plan are:

(Insert Form Numbers as Filed for Approval with the Department of Insurance)

The effective dates for each accreditation for M+C contract are:

This managed care plan meets the following criteria:

(Insert an "X" in one or more of the following, as applicable.)

_____ The managed care plan is a Medicare+Choice coordinated care plan offered pursuant to a contract with the federal Centers for Medicare and Medicaid Services, and the contract is currently in effect;

_____ The managed care plan is accredited by the National Committee for Quality Assurance (NCQA) at a level of "accredited" or better, and the accreditation is currently in effect;

_____ All/some (circle one) of the managed care plan's network is accredited by the Joint Commission on the Accreditation of Health Organizations (JCAHO) at a level of "[*accreditation without type recommendations*] **accredited**" or better, and the accreditation is currently in effect. **There are no Type I recommendations for standards related to access to care, as identified annually by the department.** (If "some" is circled, additional information for that portion of the Network not covered by the JCAHO accreditation must be submitted pursuant to 20 CSR 400-7.095(2)(A)1.A. or B.)

_____ The managed care plan is accredited by the [*American Accreditation Healthcare Commission (URAC)*], or successor organizations, for full URAC Health Plan accreditation, and the accreditation is currently in effect;

_____ The managed care plan or its network is accredited by _____, this accreditation was approved by the department prior to the date of this affidavit, and this accreditation is currently in effect.

(Signature of Affiant Corporate Officer)

Subscribed and sworn to before me this _____ day of _____, 20_____.

My commission expires _____, 20__.

Notary Public

AUTHORITY: sections [354.405] 354.615 and 374.045, RSMo 2000; **354.405** and 354.603, RSMo Supp. [2001] 2003. Original rule filed Nov. 3, 1997, effective May 30, 1998. Rescinded and readopted: Filed Oct. 1, 2002, effective April 30, 2003. Amended: Filed Jan. 13, 2004.

PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.

PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars (\$500) in the aggregate.

NOTICE OF PUBLIC HEARING AND NOTICE TO SUBMIT COMMENTS: A public hearing will be held on this proposed amendment at 10:00 a.m. on Tuesday, March 23, 2004. The public hearing will be held at the Harry S Truman State Office Building, Room 530, 301 West High Street, Jefferson City, Missouri. Opportunities to be heard at the hearing shall be afforded to any interested person. Interested persons, whether or not heard, may submit a written statement in support of or in opposition to this proposed amendment, until 5:00 p.m. on March 23, 2002. Written statements shall be sent to Carolyn H. Kerr, Department of Insurance, PO Box 690, Jefferson City, MO 65102.

SPECIAL NEEDS: If you have any special needs addressed by the Americans With Disabilities Act, please notify us at (573) 751-6798 or (573) 751-2619 at least five (5) working days prior to the hearing.

This section will contain the final text of the rules proposed by agencies. The order of rulemaking is required to contain a citation to the legal authority upon which the order of rulemaking is based; reference to the date and page or pages where the notice of proposed rulemaking was published in the *Missouri Register*; an explanation of any change between the text of the rule as contained in the notice of proposed rulemaking and the text of the rule as finally adopted, together with the reason for any such change; and the full text of any section or subsection of the rule as adopted which has been changed from that contained in the notice of proposed rulemaking. The effective date of the rule shall be not less than thirty (30) days after the date of publication of the revision to the *Code of State Regulations*.

The agency is also required to make a brief summary of the general nature and extent of comments submitted in support of or opposition to the proposed rule and a concise summary of the testimony presented at the hearing, if any, held in connection with the rulemaking, together with a concise summary of the agency's findings with respect to the merits of any such testimony or comments which are opposed in whole or in part to the proposed rule. The ninety (90)-day period during which an agency shall file its Order of Rulemaking for publication in the *Missouri Register* begins either: 1) after the hearing on the Proposed Rulemaking is held; or 2) at the end of the time for submission of comments to the agency. During this period, the agency shall file with the secretary of state the order of rulemaking, either putting the proposed rule into effect, with or without further changes, or withdrawing the proposed rule.

**Title 2—DEPARTMENT OF AGRICULTURE
Division 70—Plant Industries
Chapter 13—Boll Weevil Eradication**

ORDER OF RULEMAKING

By the authority vested in the Department of Agriculture under sections 263.505, 263.512, 263.517, 263.527, and 263.534, RSMo 2000, the department amends a rule as follows:

2 CSR 70-13.030 Program Participation, Fee Payment and Penalties **is amended.**

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on September 15, 2003 (28 MoReg 1561-1562). No changes have been made in the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

**Title 2—DEPARTMENT OF AGRICULTURE
Division 100—Missouri Agricultural and Small Business
Development Authority
Chapter 6—Single-Purpose Animal Facilities Loan
Guarantee Program**

ORDER OF RULEMAKING

By the authority vested in the Missouri Department of Agriculture under section 348.190, RSMo 2000, the department amends a rule as follows:

2 CSR 100-6.010 Description of Operation, Definitions, Fee Structures, Applicant Requirements, and Procedures for Making and Collecting Loans and Amending the Rules for the Single-Purpose Animal Facilities Loan Guarantee Program **is amended.**

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on October 15, 2003 (28 MoReg 1762). No changes have been made in the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

**Title 3—DEPARTMENT OF CONSERVATION
Division 10—Conservation Commission
Chapter 7—Wildlife Code: Hunting: Seasons, Methods,
Limits**

ORDER OF RULEMAKING

By the authority vested in the Conservation Commission under sections 40 and 45 of Art. IV, Mo. Const., the commission amends a rule as follows:

3 CSR 10-7.455 Turkeys: Seasons, Methods, Limits **is amended.**

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on December 1, 2003 (28 MoReg 2089). No changes have been made in the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

**Title 3—DEPARTMENT OF CONSERVATION
Division 10—Conservation Commission
Chapter 8—Wildlife Code: Trapping: Seasons, Methods**

ORDER OF RULEMAKING

By the authority vested in the Conservation Commission under sections 40 and 45 of Art. IV, Mo. Const., the commission amends a rule as follows:

3 CSR 10-8.505 Trapping **is amended.**

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on December 1, 2003 (28 MoReg 2089). No changes have been made in the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

**Title 4—DEPARTMENT OF ECONOMIC
DEVELOPMENT
Division 240—Public Service Commission
Chapter 32—Telecommunications Service**

ORDER OF RULEMAKING

By the authority vested in the Public Service Commission under sections 386.040 and 386.250, RSMo 2000 and 392.200, RSMo Supp. 2003, the commission adopts a rule as follows:

4 CSR 240-32.180 Definitions—Caller Identification Blocking Service is adopted.

A notice of proposed rulemaking containing the text of the proposed rule was published in the *Missouri Register* on December 15, 2003 (28 MoReg 2221–2222). No changes have been made in the text of the proposed rule, so it is not reprinted here. This proposed rule becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: The Public Service Commission received comments from the Office of the Public Counsel and from the staff of the commission, both expressing support for the rule.
RESPONSE: None required.

**Title 4—DEPARTMENT OF ECONOMIC
DEVELOPMENT
Division 240—Public Service Commission
Chapter 32—Telecommunications Service**

ORDER OF RULEMAKING

By the authority vested in the Public Service Commission under sections 386.040 and 386.250, RSMo 2000 and 392.200, RSMo Supp. 2003, the commission adopts a rule as follows:

4 CSR 240-32.190 Standards for Providing Caller Identification Blocking Service is adopted.

A notice of proposed rulemaking containing the text of the proposed rule was published in the *Missouri Register* on December 15, 2003 (28 MoReg 2222). No changes have been made in the text of the proposed rule, so it is not reprinted here. This proposed rule becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: The Public Service Commission received three (3) comments on the proposed rule. AT&T Communication of the Southwest, Inc. stated that it opposed the last sentence of section (2), which prohibits any telecommunications company from providing per-line blocking to anyone except specified agencies. The staff of the commission said it was indifferent about that sentence, but expressed general support for the proposed rule. The Office of the Public Counsel stated that it supports the rule.

COMMENT: AT&T opposed the provision that would prohibit companies from providing per-line blocking to anyone other than law enforcement agencies and certain domestic violence intervention agencies or their employees. AT&T said that although its own present tariff contains restrictions like those in the proposed rule, it believes that, in a competitive marketplace, it should be free to offer products that differentiate it from its competitors, so that its customers can have a choice of options and services. AT&T also said that this limitation on per-line blocking would increase its cost of doing business.

COMMENT: The staff of the commission supported the proposed rule. It said the proposed rule complements a rule of the federal communications commission, and that it outlines the basic requirements that the commission established in a 1993 case, which autho-

rized Southwestern Bell Telephone Company to offer a caller identification service to its customers. The staff said that all, or nearly all, local telecommunications companies presently comply with the requirements laid down in that 1993 case. The staff said the proposed rule would not unduly restrain the affected law enforcement agencies and domestic violence centers, and that there would be very little or no fiscal impact on any telecommunications company, business or individual. The staff said it is unclear whether the commission would now reject a telecommunications company's request to offer per-line blocking to other parties, and said it is indifferent about whether the last sentence of section (2) should be removed.

COMMENT: The Office of the Public Counsel stated that the proposed rule is necessary for the health, safety, welfare and convenience of the ratepayers and the public. It also stated that it has sought a requirement that per-line blocking be available to all customers for an additional charge, but said that that proposal is beyond the scope of this rule.

RESPONSE: The proposed rule is consistent with the policy that the commission established in 1993, which has been followed by virtually all local telecommunications companies since then. It provides benefits to members of the public, does not unduly burden the affected agencies, and there is no evidence that this rule would have an appreciable fiscal impact. Allowing telecommunications companies to provide per-line blocking to others would dilute the value of the service and is not advisable.

**Title 5—DEPARTMENT OF ELEMENTARY AND
SECONDARY EDUCATION
Division 70—Special Education
Chapter 742—Special Education**

ORDER OF RULEMAKING

By the authority vested in the State Board of Education under section 162.685, RSMo 2000, the board hereby amends a rule as follows:

5 CSR 70-742.140 is amended.

A notice of proposed rulemaking was not published because state program plans required under federal education acts or regulations are specifically exempt under section 536.021, RSMo. Between September 21 and October 24, 2003, the Division of Special Education conducted three (3) public hearings regarding proposed changes to the Part B State Plan implementing the Individuals with Disabilities Education Act (IDEA). The hearings were conducted in Springfield, Columbia, and St. Louis. Comments received were considered prior to submitting the application to the United States Department of Education.

This rule becomes effective thirty (30) days after publication in the *Code of State Regulations*. This rule describes Missouri's services for children with disabilities, in accordance with Part B of the Individuals with Disabilities Education Act (IDEA).

5 CSR 70-742.140 Individuals with Disabilities Education Act, Part B. This order of rulemaking amends the incorporated by reference material, *Regulations Implementing Part B of the Individuals with Disabilities Education Act*, to bring the program plan in compliance with federal statutes.

AUTHORITY: section 162.685, RSMo 2000. Original rule filed April 11, 1975, effective April 21, 1975. For intervening history, please consult the *Code of State Regulations*. Amended: Filed Jan. 5, 2004.

PUBLIC COST: The current public cost for this rule is estimated to be \$643,235,000 for Fiscal Year 2004, with the cost recurring annually for the life of the rule based upon yearly appropriations from the General Assembly, the United States Congress, and local tax.

**FISCAL NOTE
PUBLIC COST**

I. RULE NUMBER

Title: 5 - Department of Elementary and Secondary Education
Division: 70 - Division of Special Education
Chapter: 742 - Special Education
Type of Rulemaking: Order of Rulemaking
Rule Number and Name: 5 CSR 70-742.140 Individuals with Disabilities Education Act, Part B

II. SUMMARY OF FISCAL IMPACT

The current public cost of this order of rulemaking for the Department of Elementary and Secondary Education is estimated to be \$643,235,000 for Fiscal Year 2004, with the cost recurring annually for the life of the rule based upon yearly appropriations from the General Assembly, the United State Congress, and local tax. The order of rulemaking will not add additional cost to the implementation of the rule.

Affected Agency or Political Subdivision	Estimated Cost of Compliance in the Aggregate
The following public agencies that provide special education services to children and youth with disabilities are affected by this rule. 524 local school districts Missouri School for the Blind Missouri School for the Deaf State Schools for Severely Handicapped Division of Youth Services Department of Corrections Charter Schools	\$643,235,000

III. WORKSHEET

Expenses	Amount
Local	\$174,000,000
State	\$285,135,000
Federal	\$184,100,000
Administrative Costs	
Project Total	\$643,235,000

IV. ASSUMPTIONS

No increased cost is anticipated.

**Title 5—DEPARTMENT OF ELEMENTARY AND
SECONDARY EDUCATION
Division 70—Special Education
Chapter 742—Special Education**

ORDER OF RULEMAKING

By the authority vested in the State Board of Education under section 161.092, RSMo Supp. 2003, the board hereby amends a rule as follows:

5 CSR 70-742.141 is amended.

A notice of proposed rulemaking was not published because state program plans required under federal education acts or regulations are specifically exempt under section 536.021, RSMo. Between September 21 and October 24, 2003, the Division of Special Education conducted three (3) public hearings regarding proposed changes to the Part C State Plan implementing the Individuals with Disabilities Education Act (IDEA). The hearings were conducted in Springfield, Columbia, and St. Louis. Comments received were considered prior to submitting the application to the United States Department of Education.

This order of rulemaking becomes effective thirty (30) days after publication in the *Code of State Regulations*. This rule describes Missouri's services for infants and toddlers with disabilities, in accordance with Part C of the Individuals with Disabilities Education Act, Public Law 105-17.

5 CSR 70-742.141 Individuals with Disabilities Education Act, Public Law 105-17, Part C. This order of rulemaking amends the incorporated by reference material, *State Plan for Part C—Infants and Toddlers*, to bring the program plan in compliance with federal statutes.

AUTHORITY: section 161.092, RSMo Supp. 2003, Executive Order 94-22 of the Governor, Public Law 105-17, Individuals with Disabilities Education Act. Original rule filed Dec. 29, 1997, effective March 30, 1998. Amended: Filed July 31, 1998, effective Oct. 30, 1998. Amended: Filed Dec. 7, 2000, effective Feb. 28, 2001. Amended: Filed Dec. 7, 2000, effective March 30, 2001. Amended: Filed Feb. 18, 2003, effective April 30, 2003. Amended: Filed Jan. 5, 2004.

PUBLIC COST: This order of rulemaking will cost state agencies or political subdivisions \$18,810,248 in the aggregate for Fiscal Year 2004.

**FISCAL NOTE
PUBLIC ENTITY COST**

1. Rule Number

Title: 5 - Department of Elementary and Secondary Education

Division: 70 - Special Education

Chapter: 742 - Special Education

Type of Rulemaking: Order of Rulemaking

Rule Number and Name: 5 CSR 70-742.141 Individuals with Disabilities Education Act,
Public Law 105-17, Part C

II. SUMMARY OF FISCAL IMPACT

Affected Agency or Political Subdivision	Estimated Cost of Compliance in the Aggregate
Department of Elementary & Secondary Education	\$18,810,248

III. WORKSHEET

Cost estimates are based on projected expenditures from all sources during Fiscal Year 2004. Expenditures support early intervention services, training, technical assistance, and administrative costs for the First Steps system.

IV. ASSUMPTIONS

Fund 0101 Appropriation 4112	3,017,369
Fund 0105 Appropriation 4580	10,506,837
Fund 0859 Appropriation 3180	<u>5,286,042</u>
	18,810,248

This section may contain notice of hearings, correction notices, public information notices, rule action notices, statements of actual costs and other items required to be published in the *Missouri Register* by law.

**Title 4—DEPARTMENT OF ECONOMIC
DEVELOPMENT
Division 100—Division of Credit Unions**

**APPLICATIONS FOR NEW GROUPS OR
GEOGRAPHIC AREAS**

Pursuant to section 370.081(4), RSMo 2000, the director of the Missouri Division of Credit Unions is required to cause notice to be published that the following credit unions have submitted applications to add new groups or geographic areas to their membership.

Credit Union	Proposed New Group or Geographic Area
Goetz Credit Union 1905 Howard St. Joseph, MO 64501	Those who live or work in Buchanan County
Midwest United Credit Union 1800 S. Outer Road Blue Springs, MO 64015	All eligible businesses, government entities, individuals and the immediate family of all eligible individuals who live or work in Platte County, Missouri
Edison Credit Union 4200 E. Front St. Kansas City, MO 64120	Active or retired employees of Tenneco Automotive, Yates Electric Co. Inc., Trailmobile Cash Register Sales, Martec Pharmaceutical, Inc., Martec Scientific, Inc., Carlson Systems, and Reliable Health Care

*NOTICE TO SUBMIT COMMENTS: Anyone may file a written statement in support of or in opposition to any of these applications. Comments shall be filed with: Director, Division of Credit Unions, PO Box 1607, Jefferson City, MO 65102. To be considered, written comments must be submitted no later than ten (10) business days after publication of this notice in the **Missouri Register**.*

STATUTORY LIST OF CONTRACTORS BARRED FROM PUBLIC WORKS PROJECTS

The following is a list of all contractors who have been prosecuted and convicted of violating the Missouri Prevailing Wage Law, and whose Notice of Conviction has been filed with the secretary of state pursuant to section 290.330, RSMo. This is provided to assist public bodies with their responsibilities under this section that states "No public body shall award a contract for a public works to any contractor or subcontractor, or simulation thereof, during the time its name appears on said list."

Name of Contractor	Name of Officer and Title	Address	Date of Conviction	Debarment Period
Bruner Contracting Company	Cynthia Bruner	218 Delaware, Ste. 211 Kansas City, MO 64105	9/9/03	9/9/03-9/9/04
Cynthia Bruner	N/A	218 Delaware, Ste. 211 Kansas City, MO 64105	9/9/03	9/9/03-9/9/04

The Secretary of State is required by sections 347.141 and 359.481, RSMo 2000 to publish dissolutions of limited liability companies and limited partnerships. The content requirements for the one-time publishing of these notices are prescribed by statute. This listing is published pursuant to these statutes. We request that documents submitted for publication in this section be submitted in camera ready 8 1/2" x 11" manuscript.

**Notice of Corporate Dissolution
To All Creditors of and
Claimants Against
Geneii Productions, Inc.**

On December 22, 2003, GENEII PRODUCTIONS, INC., a Missouri corporation, filed its Articles of Dissolution with the Missouri Secretary of State. Dissolution was effective on December 22, 2003.

Said corporation requests that all persons and organizations who have claims against it present them immediately by letter to the corporation at:

Geneii Productions, Inc.
Attn: Sue Dorn
307 Bristol Court
Ballwin, MO 63021

Or

Anthony J. Soukenik, Esq.
Sandberg, Phoenix & von Gontard P.C.
One City Centre, 15th Floor
St. Louis, MO 63101

All claims must include the name and address of the claimant; the amount claimed; the basis for the claim; and the date(s) on which the event(s) on which the claim is based occurred.

NOTICE: Because of the dissolution of GENEII PRODUCTIONS, INC., any claims against it will be barred unless a proceeding to enforce the claim is commenced within two years after the publication date of the two notices authorized by statute, whichever is published last.

Notice of Dissolution of Limited Liability Company to All Creditors of
and Claimants Against R & H, L.L.C.

Be advised that a Notice of Winding Up was filed with the State of Missouri on December 24, 2003, for R & H, L.L.C. In order to file a claim with the company, persons with claims against R & H, L.L.C. must furnish: (1) amount of claim; (2) basis for claim; (3) documentation of the claim. Mail your claim to Donald W. Paule, 165 N. Meramec, Sixth Floor, St. Louis, MO 63105. By law, claims must be made within 3 years after the publication of this notice.

NOTICE OF CORPORATE DISSOLUTION TO ALL CREDITORS AND CLAIMANTS AGAINST
HOME MANAGEMENT, INC.

Home Management, Inc. was dissolved as of the 7th day of January, 2004. Any and all claims against Home Management, Inc. may be sent to Donald D. Friend II, Husch & Eppenberger, LLC, 1200 Main, Suite 1700, P.O. Box 26006, Kansas City, Missouri 64105. Each such claim should include the following: the name, address and telephone number of the claimant; amount of the claim; and the basis of the claim. Any and all claims against Home Management, Inc. will be barred unless a proceeding to enforce the claim is commenced within two years after the date of this publication.

NOTICE OF DISSOLUTION TO ALL CREDITORS OF AND CLAIMANTS
AGAINST ALBACORE HOLDINGS, INC.

On December 30, 2003, Albacore Holdings, Inc., filed its articles of dissolution with the Missouri Secretary of State. The dissolution was effective on December 30, 2003.

You are hereby notified that if you believe you have a claim against Albacore Holdings, Inc., you must submit a summary in writing of the circumstances surrounding your claim to the Corporation at: President, Albacore Holdings, Inc., c/o Green Schaaf & Jacobson, P.C., 7733 Forsyth Blvd., Suite 700, Clayton MO 63105.

The summary of your claim must include the following information:

1. The name, address and telephone number of the claimant.
2. The amount of the claim.
3. The date on which the event on which the claim is based occurred.
4. A brief description of the nature of the debt or the basis for the claim.

All claims against Albacore Holdings, Inc., will be barred unless the proceeding to enforce the claim is commenced within two years after the publication of this notice.

Rule Changes Since Update to Code of State Regulations

This cumulative table gives you the latest status of rules. It contains citations of rulemakings adopted or proposed after deadline for the monthly Update Service to the *Code of State Regulations*, citations are to volume and page number in the *Missouri Register*, except for material in this issue. The first number in the table cite refers to the volume number or the publication year—27 (2002), 28 (2003) and 29 (2004). MoReg refers to *Missouri Register* and the numbers refer to a specific *Register* page, R indicates a rescission, W indicates a withdrawal, S indicates a statement of actual cost, T indicates an order terminating a rule, N.A. indicates not applicable, RUC indicates a rule under consideration, and F indicates future effective date.

Rule Number	Agency	Emergency	Proposed	Order	In Addition
1 CSR 10	OFFICE OF ADMINISTRATION State Officials' Salary Compensation Schedule				27 MoReg 189 27 MoReg 1724 28 MoReg 1861
1 CSR 10-4.010	Commissioner of Administration		28 MoReg 1557		
1 CSR 10-18.010	Commissioner of Administration	28 MoReg 1615	28 MoReg 1482	29 MoReg 92	
1 CSR 20-2.015	Personnel Advisory Board and Division of Personnel		28 MoReg 1560	29 MoReg 94	
1 CSR 20-3.070	Personnel Advisory Board and Division of Personnel		28 MoReg 1560	29 MoReg 94	
1 CSR 20-5.020	Personnel Advisory Board and Division of Personnel		28 MoReg 1561	29 MoReg 94	
1 CSR 35-1.050	Division of Facilities Management	28 MoReg 1983	28 MoReg 1990		
1 CSR 35-2.030	Division of Facilities Management	28 MoReg 1984	28 MoReg 1993		
	DEPARTMENT OF AGRICULTURE				
2 CSR 10-2.010	Market Development		28 MoReg 2087		
2 CSR 30-2.040	Animal Health		28 MoReg 711		
2 CSR 70-13.030	Plant Industries	28 MoReg 1553	28 MoReg 1561	This Issue	
2 CSR 90-11.010	Weights and Measures	28 MoReg 2207	28 MoReg 2211		
2 CSR 90-30.050	Weights and Measures		28 MoReg 2211		
2 CSR 100-6.010	Missouri Agriculture and Small Business Development Authority		28 MoReg 1762	This Issue	
	DEPARTMENT OF CONSERVATION				
3 CSR 10-4.110	Conservation Commission		28 MoReg 1995	29 MoReg 212	
3 CSR 10-5.205	Conservation Commission		28 MoReg 1995	29 MoReg 212	
3 CSR 10-5.215	Conservation Commission		28 MoReg 1995	29 MoReg 212	
3 CSR 10-5.310	Conservation Commission		28 MoReg 1996	29 MoReg 212	
3 CSR 10-5.320	Conservation Commission		28 MoReg 1996	29 MoReg 213	
3 CSR 10-5.330	Conservation Commission		28 MoReg 1996	29 MoReg 213	
3 CSR 10-5.340	Conservation Commission		28 MoReg 1997	29 MoReg 213	
3 CSR 10-5.345	Conservation Commission		28 MoReg 1999	29 MoReg 213	
3 CSR 10-5.365	Conservation Commission		28 MoReg 2001	29 MoReg 213	
3 CSR 10-5.375	Conservation Commission		28 MoReg 2003	29 MoReg 213	
3 CSR 10-5.420	Conservation Commission		28 MoReg 2005	29 MoReg 213	
3 CSR 10-5.440	Conservation Commission		28 MoReg 2007	29 MoReg 214	
3 CSR 10-5.445	Conservation Commission		28 MoReg 2009	29 MoReg 214	
3 CSR 10-5.470	Conservation Commission		28 MoReg 2011R	29 MoReg 214R	
3 CSR 10-5.570	Conservation Commission		28 MoReg 2011	29 MoReg 214	
3 CSR 10-6.415	Conservation Commission		28 MoReg 2011	29 MoReg 214	
3 CSR 10-6.505	Conservation Commission		28 MoReg 2011	29 MoReg 214	
3 CSR 10-6.510	Conservation Commission		28 MoReg 2012	29 MoReg 215	
3 CSR 10-6.525	Conservation Commission		28 MoReg 2012	29 MoReg 215	
3 CSR 10-6.530	Conservation Commission		28 MoReg 2013	29 MoReg 215	
3 CSR 10-6.533	Conservation Commission		29 MoReg 161		
3 CSR 10-6.550	Conservation Commission		29 MoReg 161		
3 CSR 10-7.405	Conservation Commission		28 MoReg 2013	29 MoReg 215	
3 CSR 10-7.410	Conservation Commission		28 MoReg 2013	29 MoReg 215	
3 CSR 10-7.425	Conservation Commission		28 MoReg 2014	29 MoReg 215	
3 CSR 10-7.450	Conservation Commission		28 MoReg 2014	29 MoReg 216	
3 CSR 10-7.455	Conservation Commission		28 MoReg 2089	This Issue	29 MoReg 226
3 CSR 10-8.505	Conservation Commission		28 MoReg 2089	This Issue	
3 CSR 10-8.510	Conservation Commission		28 MoReg 2015	29 MoReg 216	
3 CSR 10-8.515	Conservation Commission		28 MoReg 2015	29 MoReg 216	
3 CSR 10-9.110	Conservation Commission		28 MoReg 2017	29 MoReg 216	
3 CSR 10-9.220	Conservation Commission		28 MoReg 2212		
3 CSR 10-9.353	Conservation Commission		29 MoReg 162		
3 CSR 10-9.565	Conservation Commission		28 MoReg 2018	29 MoReg 216	
3 CSR 10-9.575	Conservation Commission		28 MoReg 2019	29 MoReg 216	
3 CSR 10-9.625	Conservation Commission		28 MoReg 2019	29 MoReg 217	
3 CSR 10-9.628	Conservation Commission		28 MoReg 2020	29 MoReg 217	
3 CSR 10-10.720	Conservation Commission		28 MoReg 2020	29 MoReg 217	
3 CSR 10-10.722	Conservation Commission		29 MoReg 162		
3 CSR 10-10.725	Conservation Commission		29 MoReg 164		
3 CSR 10-10.767	Conservation Commission		28 MoReg 2020	29 MoReg 217	
3 CSR 10-10.768	Conservation Commission		28 MoReg 2021	29 MoReg 217	
3 CSR 10-11.180	Conservation Commission		28 MoReg 2021	29 MoReg 218	
3 CSR 10-11.205	Conservation Commission		28 MoReg 2021	29 MoReg 218	
3 CSR 10-11.210	Conservation Commission		28 MoReg 2022	29 MoReg 218	

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3 CSR 10-11.215	Conservation Commission		28 MoReg 2022	29 MoReg 218	
3 CSR 10-12.110	Conservation Commission		28 MoReg 2023	29 MoReg 218	
3 CSR 10-12.115	Conservation Commission		28 MoReg 2023	29 MoReg 218	
3 CSR 10-12.125	Conservation Commission		28 MoReg 2023	29 MoReg 219	
3 CSR 10-12.135	Conservation Commission		28 MoReg 2024	29 MoReg 219	
3 CSR 10-12.140	Conservation Commission		28 MoReg 2024	29 MoReg 219	
3 CSR 10-12.145	Conservation Commission		28 MoReg 2025	29 MoReg 219	
3 CSR 10-20.805	Conservation Commission		28 MoReg 2025	29 MoReg 219	
DEPARTMENT OF ECONOMIC DEVELOPMENT					
4 CSR 10-1.010	Missouri State Board of Accountancy		28 MoReg 2089		
4 CSR 10-1.030	Missouri State Board of Accountancy		28 MoReg 2090		
4 CSR 10-1.040	Missouri State Board of Accountancy		28 MoReg 2091R		
4 CSR 10-2.005	Missouri State Board of Accountancy		28 MoReg 2091R 28 MoReg 2091		
4 CSR 10-2.010	Missouri State Board of Accountancy		28 MoReg 2092R		
4 CSR 10-2.021	Missouri State Board of Accountancy		28 MoReg 2093R		
4 CSR 10-2.030	Missouri State Board of Accountancy		28 MoReg 2093R		
4 CSR 10-2.041	Missouri State Board of Accountancy		28 MoReg 2093		
4 CSR 10-2.042	Missouri State Board of Accountancy		28 MoReg 2094R		
4 CSR 10-2.051	Missouri State Board of Accountancy		28 MoReg 2094		
4 CSR 10-2.061	Missouri State Board of Accountancy		28 MoReg 2099		
4 CSR 10-2.062	Missouri State Board of Accountancy		28 MoReg 2100R		
4 CSR 10-2.070	Missouri State Board of Accountancy		28 MoReg 2101		
4 CSR 10-2.072	Missouri State Board of Accountancy		28 MoReg 2102		
4 CSR 10-2.075	Missouri State Board of Accountancy		28 MoReg 2105		
4 CSR 10-2.095	Missouri State Board of Accountancy		28 MoReg 2108		
4 CSR 10-2.101	Missouri State Board of Accountancy		28 MoReg 2109		
4 CSR 10-2.111	Missouri State Board of Accountancy		28 MoReg 2110R		
4 CSR 10-2.112	Missouri State Board of Accountancy		28 MoReg 2110R		
4 CSR 10-2.115	Missouri State Board of Accountancy		28 MoReg 2110R		
4 CSR 10-2.120	Missouri State Board of Accountancy		28 MoReg 2111R		
4 CSR 10-2.130	Missouri State Board of Accountancy		28 MoReg 2111		
4 CSR 10-2.135	Missouri State Board of Accountancy		28 MoReg 2112		
4 CSR 10-2.140	Missouri State Board of Accountancy		28 MoReg 2112		
4 CSR 10-2.150	Missouri State Board of Accountancy		28 MoReg 2115		
4 CSR 10-2.160	Missouri State Board of Accountancy		28 MoReg 2115		
4 CSR 10-2.180	Missouri State Board of Accountancy		28 MoReg 2116R		
4 CSR 10-2.190	Missouri State Board of Accountancy		28 MoReg 2116R		
4 CSR 10-2.200	Missouri State Board of Accountancy		28 MoReg 2116		
4 CSR 10-2.210	Missouri State Board of Accountancy		28 MoReg 2117R		
4 CSR 10-2.215	Missouri State Board of Accountancy		28 MoReg 2117R		
4 CSR 10-3.010	Missouri State Board of Accountancy		28 MoReg 2117		
4 CSR 10-3.020	Missouri State Board of Accountancy		28 MoReg 2118R		
4 CSR 10-3.030	Missouri State Board of Accountancy		28 MoReg 2118R		
4 CSR 10-3.040	Missouri State Board of Accountancy		28 MoReg 2119R		
4 CSR 10-3.060	Missouri State Board of Accountancy		28 MoReg 2119		
4 CSR 10-4.010	Missouri State Board of Accountancy		28 MoReg 2120R 28 MoReg 2120		
4 CSR 10-4.020	Missouri State Board of Accountancy		28 MoReg 2124R 28 MoReg 2124		
4 CSR 10-4.030	Missouri State Board of Accountancy		28 MoReg 2124R		
4 CSR 10-4.031	Missouri State Board of Accountancy		28 MoReg 2124		
4 CSR 10-4.040	Missouri State Board of Accountancy		28 MoReg 2125R		
4 CSR 10-4.041	Missouri State Board of Accountancy		28 MoReg 2125		
4 CSR 10-4.050	Missouri State Board of Accountancy		28 MoReg 2125R		
4 CSR 10-5.070	Missouri State Board of Accountancy		28 MoReg 2126		
4 CSR 10-5.080	Missouri State Board of Accountancy		28 MoReg 2126		
4 CSR 10-5.090	Missouri State Board of Accountancy		28 MoReg 2130		
4 CSR 10-5.100	Missouri State Board of Accountancy		28 MoReg 2130		
4 CSR 10-5.110	Missouri State Board of Accountancy		28 MoReg 2131		
4 CSR 30-3.020	Missouri Board for Architects, Professional Engineers, Professional Land Surveyors, and Landscape Architects		28 MoReg 1483R	29 MoReg 94R	
4 CSR 30-3.030	Missouri Board for Architects, Professional Engineers, Professional Land Surveyors, and Landscape Architects		28 MoReg 1483R	29 MoReg 94R	
4 CSR 30-3.040	Missouri Board for Architects, Professional Engineers, Professional Land Surveyors, and Landscape Architects		28 MoReg 1484R	29 MoReg 95R	
4 CSR 30-3.050	Missouri Board for Architects, Professional Engineers, Professional Land Surveyors, and Landscape Architects		28 MoReg 1484R	29 MoReg 95R	

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4 CSR 30-3.060	Missouri Board for Architects, Professional Engineers, Professional Land Surveyors, and Landscape Architects		28 MoReg 1484	29 MoReg 95	
4 CSR 30-4.060	Missouri Board for Architects, Professional Engineers, Professional Land Surveyors, and Landscape Architects		28 MoReg 1762R 28 MoReg 1763	29 MoReg 219R 29 MoReg 220	
4 CSR 30-4.090	Missouri Board for Architects, Professional Engineers, Professional Land Surveyors, and Landscape Architects		28 MoReg 1765	29 MoReg 220	
4 CSR 30-5.140	Missouri Board for Architects, Professional Engineers, Professional Land Surveyors, and Landscape Architects		28 MoReg 1767	29 MoReg 220	
4 CSR 30-5.150	Missouri Board for Architects, Professional Engineers, Professional Land Surveyors, and Landscape Architects		28 MoReg 1767	29 MoReg 220	
4 CSR 30-6.015	Missouri Board for Architects, Professional Engineers, Professional Land Surveyors, and Landscape Architects		28 MoReg 1769	29 MoReg 220	
4 CSR 30-6.020	Missouri Board for Architects, Professional Engineers, Professional Land Surveyors, and Landscape Architects		28 MoReg 1769	29 MoReg 221	
4 CSR 70-4.010	State Board of Chiropractic Examiners		29 MoReg 88		
4 CSR 70-4.030	State Board of Chiropractic Examiners		29 MoReg 88		
4 CSR 90-3.010	State Board of Cosmetology		28 MoReg 2133		
4 CSR 90-5.010	State Board of Cosmetology		28 MoReg 2133		
4 CSR 90-7.010	State Board of Cosmetology		28 MoReg 2133		
4 CSR 90-8.010	State Board of Cosmetology		28 MoReg 2134		
4 CSR 90-10.010	State Board of Cosmetology		28 MoReg 2134		
4 CSR 90-11.010	State Board of Cosmetology		28 MoReg 2134		
4 CSR 90-12.020	State Board of Cosmetology		28 MoReg 2137		
4 CSR 90-12.070	State Board of Cosmetology		28 MoReg 2137		
4 CSR 90-13.010	State Board of Cosmetology		28 MoReg 2137		
4 CSR 100	Division of Credit Unions				28 MoReg 1956 28 MoReg 2057 29 MoReg 55 29 MoReg 119 This Issue
4 CSR 110-2.130	Missouri Dental Board		29 MoReg 89		
4 CSR 120-1.010	State Board of Embalmers and Funeral Directors		29 MoReg 165		
4 CSR 120-1.020	State Board of Embalmers and Funeral Directors		29 MoReg 165		
4 CSR 120-1.040	State Board of Embalmers and Funeral Directors		29 MoReg 166		
4 CSR 120-2.010	State Board of Embalmers and Funeral Directors		29 MoReg 167R 29 MoReg 167		
4 CSR 120-2.020	State Board of Embalmers and Funeral Directors		29 MoReg 174		
4 CSR 120-2.022	State Board of Embalmers and Funeral Directors		29 MoReg 174		
4 CSR 120-2.030	State Board of Embalmers and Funeral Directors		29 MoReg 175		
4 CSR 120-2.040	State Board of Embalmers and Funeral Directors		29 MoReg 175R 29 MoReg 175		
4 CSR 120-2.050	State Board of Embalmers and Funeral Directors		29 MoReg 180		
4 CSR 120-2.060	State Board of Embalmers and Funeral Directors		29 MoReg 180R 29 MoReg 180		
4 CSR 120-2.070	State Board of Embalmers and Funeral Directors		29 MoReg 186R 29 MoReg 186		
4 CSR 120-2.071	State Board of Embalmers and Funeral Directors		29 MoReg 192		
4 CSR 120-2.080	State Board of Embalmers and Funeral Directors		29 MoReg 193		
4 CSR 120-2.090	State Board of Embalmers and Funeral Directors		29 MoReg 194		
4 CSR 120-2.100	State Board of Embalmers and Funeral Directors		29 MoReg 195		
4 CSR 120-2.110	State Board of Embalmers and Funeral Directors		29 MoReg 196		
4 CSR 120-2.115	State Board of Embalmers and Funeral Directors		29 MoReg 196		
4 CSR 140-1.140	Division of Finance				29 MoReg 55
4 CSR 197-1.030	Board of Therapeutic Massage		29 MoReg 23		
4 CSR 197-1.040	Board of Therapeutic Massage		29 MoReg 23		
4 CSR 197-2.010	Board of Therapeutic Massage		29 MoReg 26		
4 CSR 197-2.030	Board of Therapeutic Massage		29 MoReg 32		
4 CSR 197-2.050	Board of Therapeutic Massage		29 MoReg 34		
4 CSR 197-3.010	Board of Therapeutic Massage		29 MoReg 36		
4 CSR 197-5.010	Board of Therapeutic Massage		29 MoReg 36		
4 CSR 197-5.020	Board of Therapeutic Massage		29 MoReg 36		
4 CSR 197-5.030	Board of Therapeutic Massage		29 MoReg 39		
4 CSR 197-5.040	Board of Therapeutic Massage		29 MoReg 41		
4 CSR 205-3.030	Missouri Board of Occupational Therapy		29 MoReg 89		
4 CSR 220-2.300	State Board of Pharmacy		29 MoReg 89		
4 CSR 232-3.010	Missouri State Committee of Interpreters		28 MoReg 1769	29 MoReg 221	
4 CSR 240-3.155	Public Service Commission		28 MoReg 1507	29 MoReg 221	

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4 CSR 240-3.165	Public Service Commission		28 MoReg 2214		
4 CSR 240-3.190	Public Service Commission		28 MoReg 2028		
4 CSR 240-3.245	Public Service Commission		28 MoReg 2215		
4 CSR 240-3.265	Public Service Commission		28 MoReg 1901		
4 CSR 240-3.335	Public Service Commission		28 MoReg 2216		
4 CSR 240-3.435	Public Service Commission		28 MoReg 2217		
4 CSR 240-3.440	Public Service Commission		28 MoReg 1906		
4 CSR 240-3.500	Public Service Commission		28 MoReg 2139		
4 CSR 240-3.540	Public Service Commission		28 MoReg 2219		
4 CSR 240-3.550	Public Service Commission		28 MoReg 2140		
4 CSR 240-3.640	Public Service Commission		28 MoReg 2220		
4 CSR 240-3.650	Public Service Commission		28 MoReg 1907		
4 CSR 240-13.015	Public Service Commission		28 MoReg 2140		
4 CSR 240-13.035	Public Service Commission		28 MoReg 2141		
4 CSR 240-18.010	Public Service Commission		28 MoReg 2030		
4 CSR 240-32.020	Public Service Commission		28 MoReg 2145		
4 CSR 240-32.060	Public Service Commission		28 MoReg 2147		
4 CSR 240-32.070	Public Service Commission		28 MoReg 2148		
4 CSR 240-32.080	Public Service Commission		28 MoReg 2149		
4 CSR 240-32.180	Public Service Commission	28 MoReg 1891	28 MoReg 2221	This Issue	29 MoReg 119
4 CSR 240-32.190	Public Service Commission	28 MoReg 1891	28 MoReg 2222	This Issue	29 MoReg 119
4 CSR 240-36.010	Public Service Commission		29 MoReg 197		
4 CSR 240-36.020	Public Service Commission		29 MoReg 197		
4 CSR 240-36.030	Public Service Commission		29 MoReg 198		
4 CSR 240-36.040	Public Service Commission		29 MoReg 199		
4 CSR 240-36.050	Public Service Commission		29 MoReg 202		
4 CSR 240-36.060	Public Service Commission		29 MoReg 203		
4 CSR 240-36.070	Public Service Commission		29 MoReg 203		
4 CSR 240-36.080	Public Service Commission		29 MoReg 204		
4 CSR 250-3.020	Missouri Real Estate Commission		28 MoReg 1770	29 MoReg 221	
4 CSR 250-8.090	Missouri Real Estate Commission		28 MoReg 2150		
4 CSR 250-8.096	Missouri Real Estate Commission		28 MoReg 2152		
4 CSR 250-8.097	Missouri Real Estate Commission		28 MoReg 2152		
4 CSR 250-8.160	Missouri Real Estate Commission		28 MoReg 1770	29 MoReg 221	
4 CSR 250-10.010	Missouri Real Estate Commission		28 MoReg 1770	29 MoReg 222	
DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION					
5 CSR 70-742.140	Special Education			This Issue	
5 CSR 70-742.141	Special Education			This Issue	
5 CSR 80-800.200	Teacher Quality and Urban Education		28 MoReg 1771		
5 CSR 80-800.220	Teacher Quality and Urban Education		28 MoReg 1774		
5 CSR 80-800.230	Teacher Quality and Urban Education		28 MoReg 1776		
5 CSR 80-800.260	Teacher Quality and Urban Education		28 MoReg 1779		
5 CSR 80-800.270	Teacher Quality and Urban Education		28 MoReg 1782		
5 CSR 80-800.280	Teacher Quality and Urban Education		28 MoReg 1784		
5 CSR 80-800.290	Teacher Quality and Urban Education		28 MoReg 1786		
5 CSR 80-800.300	Teacher Quality and Urban Education		28 MoReg 1786		
5 CSR 80-800.350	Teacher Quality and Urban Education		28 MoReg 1787		
5 CSR 80-800.360	Teacher Quality and Urban Education		28 MoReg 1790		
5 CSR 80-800.370	Teacher Quality and Urban Education		28 MoReg 1793		
5 CSR 80-800.380	Teacher Quality and Urban Education		28 MoReg 1796		
5 CSR 80-800.400	Teacher Quality and Urban Education		28 MoReg 1800		
5 CSR 90-7.010	Vocational Rehabilitation		28 MoReg 1800		
5 CSR 90-7.100	Vocational Rehabilitation		28 MoReg 1801		
5 CSR 90-7.200	Vocational Rehabilitation		28 MoReg 1801		
5 CSR 90-7.320	Vocational Rehabilitation		28 MoReg 1802		
5 CSR 100-200.010	Missouri Commission for the Deaf and Hard of Hearing		28 MoReg 2222		
5 CSR 100-200.030	Missouri Commission for the Deaf and Hard of Hearing		28 MoReg 2223		
5 CSR 100-200.040	Missouri Commission for the Deaf and Hard of Hearing		28 MoReg 2223		
5 CSR 100-200.045	Missouri Commission for the Deaf and Hard of Hearing	28 MoReg 1554	28 MoReg 1563	29 MoReg 96	
5 CSR 100-200.050	Missouri Commission for the Deaf and Hard of Hearing		28 MoReg 2224		
5 CSR 100-200.060	Missouri Commission for the Deaf and Hard of Hearing		28 MoReg 2224		
5 CSR 100-200.070	Missouri Commission for the Deaf and Hard of Hearing		28 MoReg 2225		
5 CSR 100-200.075	Missouri Commission for the Deaf and Hard of Hearing		28 MoReg 2225		
5 CSR 100-200.100	Missouri Commission for the Deaf and Hard of Hearing		28 MoReg 2225		

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5 CSR 100-200.125	Missouri Commission for the Deaf and Hard of Hearing		28 MoReg 2226		
5 CSR 100-200.130	Missouri Commission for the Deaf and Hard of Hearing		28 MoReg 2226		
5 CSR 100-200.140	Missouri Commission for the Deaf and Hard of Hearing		28 MoReg 2227		
5 CSR 100-200.150	Missouri Commission for the Deaf and Hard of Hearing		28 MoReg 2227		
5 CSR 100-200.170	Missouri Commission for the Deaf and Hard of Hearing		28 MoReg 2227		
5 CSR 100-200.180	Missouri Commission for the Deaf and Hard of Hearing		28 MoReg 2230		
5 CSR 100-200.210	Missouri Commission for the Deaf and Hard of Hearing		28 MoReg 2231		
DEPARTMENT OF TRANSPORTATION					
7 CSR 10-17.010	Missouri Highways and Transportation Commission		28 MoReg 1563		
7 CSR 10-26.010	Missouri Highways and Transportation Commission		28 MoReg 2231		
7 CSR 10-26.020	Missouri Highways and Transportation Commission		28 MoReg 2237		
DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS					
8 CSR 10-3.085	Division of Employment Security		28 MoReg 1661	29 MoReg 96	
8 CSR 30-1.010	Division of Labor Standards		28 MoReg 2030		
8 CSR 30-4.010	Division of Labor Standards		28 MoReg 2031		
8 CSR 30-4.020	Division of Labor Standards		28 MoReg 2031		
DEPARTMENT OF MENTAL HEALTH					
9 CSR 10-5.190	Director, Department of Mental Health		28 MoReg 2153		
9 CSR 10-5.210	Director, Department of Mental Health		28 MoReg 2155		
9 CSR 30-3.206	Certification Standards		28 MoReg 1508	29 MoReg 222	
9 CSR 30-3.208	Certification Standards		28 MoReg 1508	29 MoReg 222	
9 CSR 30-4.195	Certification Standards		29 MoReg 204		
9 CSR 45-5.105	Division of Mental Retardation and Developmental Disabilities		28 MoReg 1805		
9 CSR 45-5.110	Division of Mental Retardation and Developmental Disabilities		28 MoReg 1805		
9 CSR 45-5.130	Division of Mental Retardation and Developmental Disabilities		28 MoReg 1809		
9 CSR 45-5.140	Division of Mental Retardation and Developmental Disabilities		28 MoReg 1812		
9 CSR 45-5.150	Division of Mental Retardation and Developmental Disabilities		28 MoReg 1816		
DEPARTMENT OF NATURAL RESOURCES					
10 CSR 10-2.260	Air Conservation Commission		28 MoReg 1564		
10 CSR 10-6.240	Air Conservation Commission		This IssueR		
10 CSR 10-6.241	Air Conservation Commission		This Issue		
10 CSR 10-6.250	Air Conservation Commission		This Issue		
10 CSR 10-6.260	Air Conservation Commission		28 MoReg 1911		
10 CSR 20-7.050	Clean Water Commission		28 MoReg 2240		
10 CSR 40-10.020	Land Reclamation Commission		29 MoReg 204		
10 CSR 40-10.050	Land Reclamation Commission		29 MoReg 205		
10 CSR 70-5.040	Soil and Water Districts Commission	28 MoReg 1369	28 MoReg 1916		
10 CSR 100-2.010	Petroleum Storage Tank Insurance Fund Board of Trustees		28 MoReg 2156		
10 CSR 100-3.010	Petroleum Storage Tank Insurance Fund Board of Trustees		28 MoReg 2157		
10 CSR 100-4.010	Petroleum Storage Tank Insurance Fund Board of Trustees		28 MoReg 2157		
10 CSR 100-4.020	Petroleum Storage Tank Insurance Fund Board of Trustees		28 MoReg 2163		
10 CSR 140-2.020	Division of Energy				28 MoReg 1526
10 CSR 140-2.030	Division of Energy				28 MoReg 1526
DEPARTMENT OF PUBLIC SAFETY					
11 CSR 10-5.010	Adjutant General	28 MoReg 1475	28 MoReg 1509	29 MoReg 50	
11 CSR 45-6.030	Missouri Gaming Commission		28 MoReg 2241		
11 CSR 45-13.010	Missouri Gaming Commission		28 MoReg 1377	29 MoReg 50	
11 CSR 45-13.020	Missouri Gaming Commission		28 MoReg 1377	29 MoReg 50	
11 CSR 45-13.030	Missouri Gaming Commission		28 MoReg 1377	29 MoReg 51	
11 CSR 45-13.045	Missouri Gaming Commission		28 MoReg 1378	29 MoReg 51	
11 CSR 45-13.050	Missouri Gaming Commission		28 MoReg 1378	29 MoReg 51	
11 CSR 45-13.051	Missouri Gaming Commission		28 MoReg 1379	29 MoReg 51	
11 CSR 45-13.060	Missouri Gaming Commission		28 MoReg 1379	29 MoReg 52	
11 CSR 45-13.070	Missouri Gaming Commission		28 MoReg 1380	29 MoReg 52	
11 CSR 45-13.080	Missouri Gaming Commission		28 MoReg 1381	29 MoReg 53	
11 CSR 50-2.010	Missouri State Highway Patrol		28 MoReg 1819	29 MoReg 222	

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11 CSR 50-2.020	Missouri State Highway Patrol		28 MoReg 1820	29 MoReg 222	
11 CSR 50-2.050	Missouri State Highway Patrol		28 MoReg 1820	29 MoReg 223	
11 CSR 50-2.160	Missouri State Highway Patrol		28 MoReg 1820	29 MoReg 223	
11 CSR 50-2.200	Missouri State Highway Patrol		28 MoReg 1821	29 MoReg 223	
11 CSR 50-2.270	Missouri State Highway Patrol		28 MoReg 1822	29 MoReg 223	
11 CSR 50-2.320	Missouri State Highway Patrol		28 MoReg 1823	29 MoReg 223	
11 CSR 50-2.340	Missouri State Highway Patrol		28 MoReg 1823	29 MoReg 223	
11 CSR 70-2.120	Division of Alcohol and Tobacco Control		29 MoReg 43		
11 CSR 70-2.140	Division of Alcohol and Tobacco Control		29 MoReg 43		
11 CSR 75-13.030	Peace Officer Standards and Training Program		This Issue		
11 CSR 75-13.060	Peace Officer Standards and Training Program		This Issue		
11 CSR 75-13.090	Peace Officer Standards and Training Program		28 MoReg 1823	29 MoReg 224	
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1 CSR 10-18.010 Retirement Policy 28 MoReg 1615 March 9, 2004

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1 CSR 35-1.050 Public Use of State Facilities 28 MoReg 1983 April 15, 2004

1 CSR 35-2.030 Administration of the Leasing Process 28 MoReg 1984 April 15, 2004

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2 CSR 90-11.010 ANSI K61.1, Safety Requirements for the Storage and
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4 CSR 240-32.180 Definitions—Caller Identification Blocking Service 28 MoReg 1891 April 2, 2004

4 CSR 240-32.190 Standards for Providing Caller Identification Blocking Service 28 MoReg 1891 April 2, 2004

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7 CSR 10-3.040 Division of Relocation Costs. 28 MoReg 1173 February 26, 2004

7 CSR 10-25.010 Skill Performance Evaluation Certificates for Commercial Drivers 28 MoReg 1173 February 26, 2004

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11 CSR 10-5.010 Missouri Veterans' Recognition Program 28 MoReg 1475 February 17, 2004

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12 CSR 10-41.010 Annual Adjusted Rate of Interest 20 MoReg 2207 June 28, 2004

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13 CSR 35-80.010 Residential Foster Care Maintenance Methodology This Issue July 23, 2004

13 CSR 35-80.020 Residential Care Agency Cost Reporting System This Issue July 23, 2004

13 CSR 40-19.020 Low Income Home Energy Assistance Program 28 MoReg 1892 March 28, 2004

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13 CSR 70-15.110 Federal Reimbursement Allowance (FRA) 28 MoReg 1755 March 15, 2004

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15 CSR 30-51.060 Broker-Dealer Notice of Net Capital Deficiency 28 MoReg 1622 March 9, 2004

15 CSR 30-51.070 Minimum Net Worth Requirements for Investment Advisers 28 MoReg 1623 March 9, 2004

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15 CSR 30-51.120 Records Required of Broker-Dealers 28 MoReg 1624 March 9, 2004

15 CSR 30-51.130 Records to be Preserved by Broker-Dealers 28 MoReg 1625 March 9, 2004

15 CSR 30-51.130 Records to be Preserved by Broker-Dealers 28 MoReg 1625 March 9, 2004

15 CSR 30-51.140 Records Required of Investment Advisers 28 MoReg 1625 March 9, 2004

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15 CSR 30-54.220	Transaction Exemption for Securities Listed on Certain Quotation Systems 28 MoReg 1652	March 9, 2004
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19 CSR 15-4.060	State Long-Term Care Ombudsman Program	28 MoReg 1756	March 19, 2004
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19 CSR 30-82.015	Long-Term Care Receiverships	28 MoReg 1756	March 19, 2004
19 CSR 30-82.060	Hiring Restrictions—Good Cause Waiver.	28 MoReg 1986	April 22, 2004
19 CSR 30-82.080	Nursing Facility Quality of Care Improvement Program	28 MoReg 1757	March 19, 2004
19 CSR 30-83.010	Definitions of Terms	28 MoReg 1758	March 19, 2004
19 CSR 30-85.042	Administration and Resident Care Requirements for New and Existing Intermediate Care and Skilled Nursing Facilities	28 MoReg 1758	March 19, 2004
19 CSR 30-86.042	Administrative, Personnel and Resident Care Requirements for New and Existing Residential Care Facilities I and II	28 MoReg 1759	March 19, 2004

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22 CSR 10-2.020	Membership Agreement and Participation Period	29 MoReg 87	June 29, 2004
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Publication

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04-01	Establishes the Public Safety Officer Medal of Valor, and the Medal of Valor Review Board	February 3, 2004	This Issue
04-02	Designates staff having supervisory authority over agencies	February 3, 2004	This Issue
04-03	Creates the Missouri Automotive Partnership	January 14, 2004	29 MoReg 151
04-04	Creates the Missouri Methamphetamine Education and Prevention Task Force	January 27, 2004	29 MoReg 154
04-05	Establishes a Missouri Methamphetamine Treatment Task Force	January 27, 2004	29 MoReg 156
04-06	Establishes a Missouri Methamphetamine Enforcement and Environmental Protection Task Force	January 27, 2004	29 MoReg 158
04-07	Establishes the Missouri Commission on Patient Safety and supercedes Executive Order 03-16	February 3, 2004	This Issue
04-08	Transfers the Governor's Council on Disability and the Missouri Assistive Technology Advisory Council to the Office of Administration	February 3, 2004	This Issue

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03-02	Establishes the Division of Family Support in the Dept. of Social Services	February 5, 2003	28 MoReg 298
03-03	Establishes the Children's Division in the Dept. of Social Services	February 5, 2003	28 MoReg 300
03-04	Transfers all TANF functions to the Division of Workforce Development in the Dept. of Economic Development	February 5, 2003	28 MoReg 302
03-05	Transfers the Division of Highway Safety to the Dept. of Transportation	February 5, 2003	28 MoReg 304
03-06	Transfers the Minority Business Advocacy Commission to the Office of Administration	February 5, 2003	28 MoReg 306
03-07	Creates the Commission on the Future of Higher Education	March 17, 2003	28 MoReg 631
03-08	Lists Governor's staff who have supervisory authority over departments	September 4, 2003	28 MoReg 1556
03-09	Lists Governor's staff who have supervisory authority over departments	March 18, 2003	28 MoReg 633
03-10	Creates the Missouri Energy Policy Council	March 13, 2003	28 MoReg 634
03-11	Creates the Citizens Advisory Committee on Corrections	April 1, 2003	28 MoReg 705
03-12	Declares disaster areas due to May 4 tornadoes	May 5, 2003	28 MoReg 950
03-13	Calls National Guard to assist in areas harmed by the May 4 tornadoes	May 5, 2003	28 MoReg 952
03-14	Temporarily suspends enforcement of environmental rules due to the May 4th [et al.] tornadoes	May 7, 2003	28 MoReg 954
03-15	Establishes the Missouri Small Business Regulatory Fairness Board	August 25, 2003	28 MoReg 1477
03-16	Establishes the Missouri Commission on Patient Safety	October 1, 2003	28 MoReg 1760
03-17	Creates the Governor's Committee to End Chronic Homelessness	October 8, 2003	28 MoReg 1899
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03-20	Requires configuration of two-way radios used by agencies of the state of Missouri to include established interoperability channels as specified by the State Interoperability Executive Committee	December 10, 2003	29 MoReg 12
03-21	Closes state offices Friday, November 28 and Friday, December 26, 2003	October 24, 2003	28 MoReg 1989
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03-23	Adds the functions of a State Citizen Council to the Disaster Recovery Partnership	December 10, 2003	29 MoReg 16
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03-25	Requires state agencies to adopt cyber security policies and procedures. Designates the Office of Information Technology as principal forum to improve policies and procedures	December 10, 2003	29 MoReg 18
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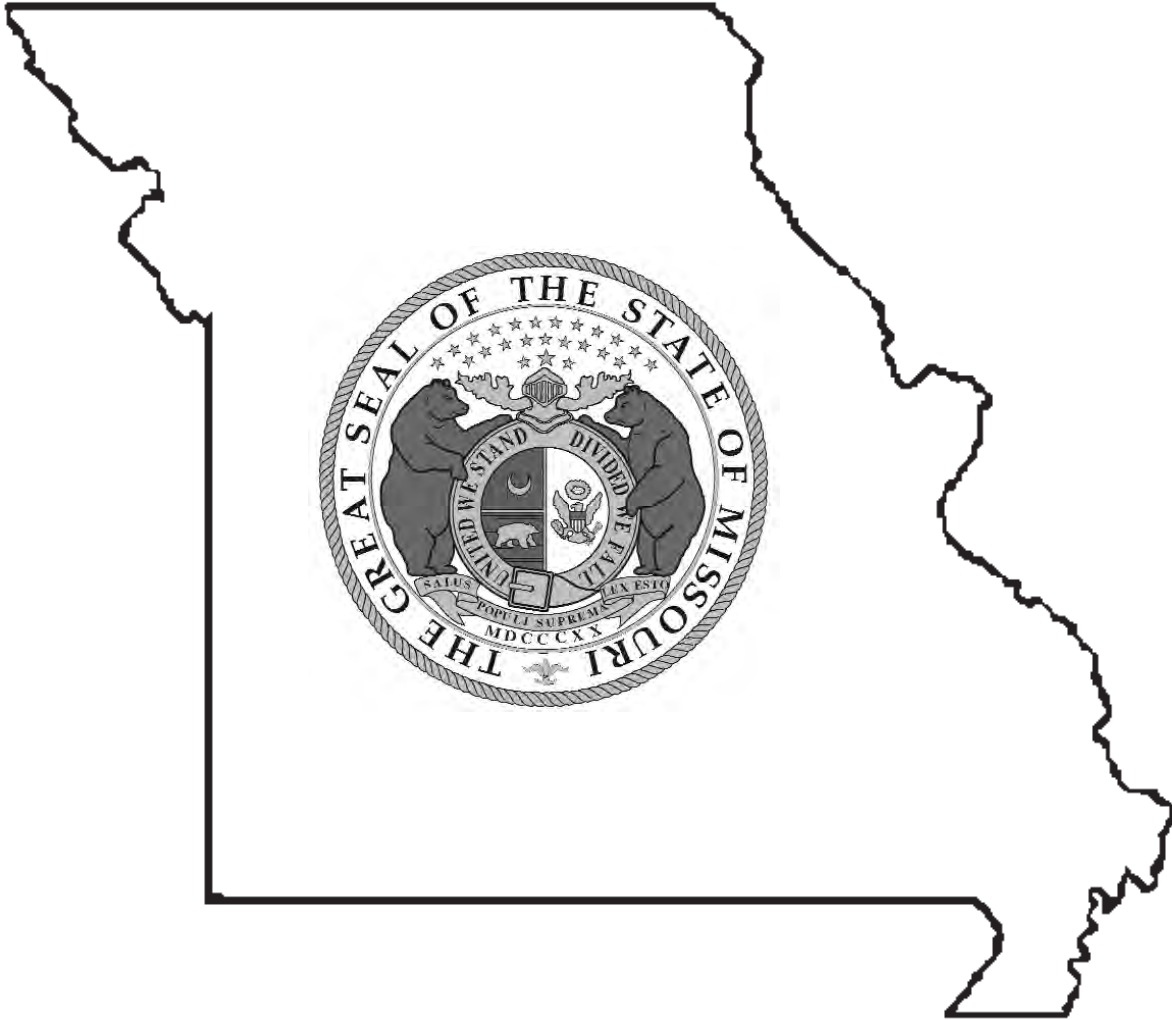
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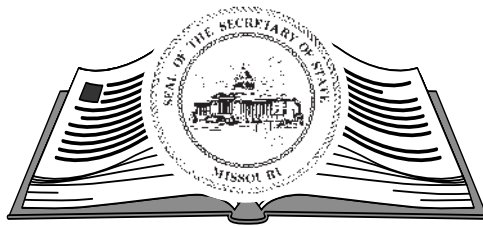


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